

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-037-20038

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1735-121G

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well

OIL WELL ☐ GAS WELL ☐ OTHER CO2

2. Name of Operator

AMOCO EXPLORATION AND PRODUCTION COMPANY

3. Address of Operator

P.O. Box 808, CLAYTON, NEW MEXICO 88415

4. Well Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line
Section 12 Township 17N Range 35E NMPM Quay County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4573

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Yearly Bradenhead Test (TA Well) ☒

12. Describe Proposed or Completed Operations

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

SEE RULE 1103.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/21	380#	0	
1991	6/11	380#	0	
1992	6/11	370#	0	
1993	5/17	380#	0	
1994	5/26	375#	0	
1995	6/7	375#	0	
1996	5/21	375#	0	
1997	5/8	375#	0	
1998		0	0	
1999		0	0	
2000		0	0	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. L. Clay TITLE Field Tech DATE 8/5/97

TYPE OR PRINT NAME M. L. Clay TELEPHONE NO. (505) 374-3058

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8/14/97

CONDITIONS OF APPROVAL, IF ANY: