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	P	RVATION .O.Box 2088 ew Mexico 8'		WELL API NO. 30-037-20039		
DISTRICT II P.O. Drawer DD, Artesia, NM 883 DISTRICT III	5. Indicate Type of Lease . STATE FEE					
1000 Rio Brazos Rd., Aztec, NM	6. State Oil & Gas Lease No).				
SUNDRY						
(DO NOT USE THIS FORM FOI DIFFERENT RI (FOI	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit					
1. Type of Well						
OIL GAS WELL WELL		OTHER	CO2			
2. Name of Operator				8. Well No.		
Amoco Exploration & Production	1734-261K					
3. Address of operator	9. Pool name or Wildcat					
P.O. Box 606 Clayton,	Bravo Dome CC	02 Gas Unit				
4. Well Location						
Unit Letter K :	1980 Feet From The	South	Line and19	80 Feet From The	West Line	
Section 26	Township	17N R	ange 34E N	MPM Quay	County	
	10. Elevat	ion (Show wheth	ter DF, RKB, RT, GR, etc.) 4511 GR			
^{11.} Check	Appropriate Box to	o Indicate N	Nature of Notice, Re	port, or Other Data		
				BSEQUENT REPORT O	F:	
PERFORM REMEDIAL WORK	PLUG AND ABAN		REMEDIAL WORK			
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	DPNS. DPLUG AND	D ABANDONMENT 🔀	
PULL OR ALTER CASING			CASING TEST AND CEN			
OTHER:			OTHER:			

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.

Move in and rig up service unit 10-31-94.Nipple up BOP. Release packer and lay down tubing and packer. Run tubing open ended to 2426 ft. Spot 150 sacks of Class "C" cement.. Pull tubing and WOC. Run tubing and tag cement at 1624 ft. Pressure test casing to 500 psi OK. Disp casing with gelled water and spot 25 sacks of Class "C" cement..Pull tubing to 792 ft and spot 20 sacks of Class "C" cement..Pull tubing to 32 ft and Circulate cement to surface with 5 sacks of Class "C" cement..Nipple down BOP..Rig down and move out service unit 11-02-94. Cut off wellhead and install PXA marker.. Cut off service unit anchors and clean location.

	to the base of my browledge and belief		
I hereby certify that the information above is true and complet SIGNATURE Billy E. Michael	Field Foreman	_ DATE11-0	2-94
TYPE OR PRINT NAME	Billy E.Prichard	TELEPHONE NO	o. (505) 374-3053
(This space for State Use)	DISTRICT SUPERVISO	1-3	30-95
CONDITIONS OF APPROVAL, IF ANY	TITLE	- DATE	