Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-8

District Office	icigy, viniciais and Natural Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION		
· •	P.O.Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 8	7504-2088	30-037-20039
			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	•		STATE FEE  6. State Oil & Gas Lease No.
			o. State on the das Lease 140.
SUNDRY NO	TICES AND REPORTS ON W	VELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
UIFFERENT RES	ERVOIR. USE "APPLICATION FOR I   C-101) FOR SUCH PROPOSALS.)	PERMIT"	BRAVO DOME CO2 GAS UNIT
1. Type of Well	THE TOTAL OF THE TENT OF THE T		
OIL GAS WELL	OTHER	CO2	
2. Name of Operator	OTHER		8. Well No.
Amoco Production Company			1734-261K
3. Address of operator		<del> </del>	9. Pool name or Wildcat
P.O. Box 3092, Houston,	Texas 77253		BRAVO DOME CO2 GAS UNIT
4. Well Location	000 000		
Unit Letter K : 19	980 Feet From The SOUTH	Line and 1	980 Feet From The WEST Line
Section 26	Township 17N R	245	AT (T) (
	10. Elevation (Show whethe		NMPM QUAY County
		4511GR	
11. Check A	ppropriate Box to Indicate I	Vature of Notice Pa	enort or Other Date
NOTICE OF IN	TENTION TO:		
			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		CASING TEST AND CE	<del></del>
OTHER:			YEARLY BRADENHEAD TEST X
<ol> <li>Describe Proposed or Completed Opera work.) SEE RULE 1103.</li> </ol>	tions (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ding estimated date of starting any proposed
YEAR MONTH/DAY TUBING P	RESSURE CASING PRESSURE B	LEED DOWN TIME	
1990 JUNE 21 0		FEED DOMAIN HIME	
1991 JUNE 11 0	0		
1992 JUNE 11 0 1993	0		
1994			
1995			
1996 1997			
1998			
1999			
I hereby certify that the information above	is true and complete to the base Co. I		
Ma L O	is true and complete to the best of my know	vledge and belief.	
SIGNATURE	KyT	TLEFIELD	rech DATE 9/28/92
TYPE OR PRINT NAME M. L. CLAY	0		
W. C. CLAY			TELEPHONE NO. (50 <b>5</b> ) 374-3050
(This space for State Use)	1		
1 2/5/	11.	DISTRICT SU	PERVISOR L
APPROVED BY	Within 1	TLE	DATE 10-6-92
CONDITIONS OF APPROVAL, IF ANY:			