Submit 3 Copies			State of New Mexico		<u></u>	Form C-103	
to Appropriate		Energy, Minerals, and Natural Resources Department				Revised 1-1-89	
District Office							
DISTRICT I		OIL CON	OIL CONSERVATION DIVISION			WELL API NO.	
P.O. Box 1980, I	Hobbs, NM 88240	P.O. Box 2088			30-059-20	081	
DISTRICT II P.O. Drawer DD.	, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of STATE	Lease FEE	
DISTRICT III	Rd., Aztec, NM 87410	0			6. State Oil & Gas		
(0.0		DRY NOTICES AND RE					
(00		M FOR PROPOSALS TO DRILL OF ENT RESERVOIR. USE "APPLICA"	7 Lages Name on L	mid A management Bit			
	OII I EN	(FORM C-101) FOR SUCH PRO	7. Lease Name or (nit Agreement Name			
I. Type of Well					BRAVO DOME (CO2 CAS LINIT	
OIL WELL		GAS WELL	OTHER	CO2	BIOVO DOINE	DOZ GAS UNIT	
2. Name of Oper	ator				8. Well No.		
•	IOCO PRODUCTI	ON COMPANY	2232-131G				
3. Address of Op							
•		ISTAD, NEW MEXICO	88410		9. Pool name or Wi BRAVO DOME (
: Well Location Unit Letter	G :	1980 Feet From The	NORTH	Line and 1980	Fast From Ti	EAST	
					Feet From The	EAST Line	
Section	13	Township	22N		IMPM UNION	County	
		IO. Elev	ation /Show who	gther DF, RKB, RT, GR, etc.) GR			
1.	C	heck Appropriate Box	x to Indicat	e Nature of Notice, Re	eport, or Other Dat	a	
	NOTICE (OF INTENTION TO:		SUB	SEQUENT REPORT	OF:	
PERFORM REM	IEDIAI WORK	PLUG AND ABANDON		REMEDIAL WORK			
	<u> </u>	╡		REWEDIAL WORK		ERING CASING	
*ULL OR ALTER	<u> </u>	CHANGE PLANS		COMMENCE DRILLING OP CASING TEST AND CEMEN		IG AND ABANDONMENT	
)THER:	L	_		OTHER: Yearly Bradenhead	Test (TA Well)	×	
2. Describe Propo	osed or Completed Ope 1103.	erations (Clearly state	all pertinent detail	ls, and give pertinent dates, including	g estimated date of starting a	ny proposed work)	
YEAR	MONTH/DA	Y TBG. PRESS.	CSG. PRE	SS. BLEED DOWN	TIME		
1990	9/27	325#	0		····- <u></u>]	
1991	9/20	310#	0				
1992	9/17	315#	0				
1993	6/8	315#	Ö				
1994	7/12	310#	0				
1995		J . J	U			1	
1996	6/4	310#	0				
1997	9/4	310#	0				
1998	6/11	310#	0]	
1999	7/10	310#	0				
2000	7710	J 10#	U				
2000							
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1							
	at the information abo	ove is true and complete to the be	st of my knowledg	ge and belief.			
GNATURE 9	n. Lel	ay	TITLE	Field Tech.	DATE	9/2/99	
PE OR PRINT NA	\longrightarrow				TELEPHON	E NO (505) 374-3058	
his space for St	ate Use	W Lo La	P	ACTRICT CLINE	* \$ 55 @ @ . 30k	7/13/99	
-	V19C	- MITOUR	TITLE 1	DISTRICT SUPE	OATE DATE	7/10//	
ONDITIONS OF A	PPROVAL IF ANY	//					

Submit 3 Copies	State of No		Form C-103					
le Apprepiate	Energy, Minerals, and Nat	ural Resources Department	Revised 1-1-89					
District Office	,							
DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO.					
P.O. Box 1980, Hobbs, NM 88240	P.O. B	ox 2088	30-059-20081					
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.					
	OTICES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A							
DIFFERENT RESE		7. Lease Name or Unit Agreement Name						
I. Type of Well	DRM C-101) FOR SUCH PROPOSALS.)		BRAVO DOME CO2 GAS UNIT					
OL WELL GA		CO2	BILLYO DOME GOZ GAS SNIT					
2. Name of Operator AMOCO PRODUCTION COMPAN	Y		8. Well No. 2232-131G					
Address of Operator			9. Pool name or Wildcat					
P.O. Box 303, AMISTAD,	NEW MEXICO 88410		BRAVO DOME CO2 GAS UNIT					
4. Well Location								
Unit Letter G : 19	Feet From The NO	RTH Line and 1980	Feet From The EAST Line					
Section 13	Township 22N	Range 32E NMF	PM UNION County					
	10. Elevation (She	ow whether DF, RKB, RT, GR, etc.) 5015 GR						
		icate Nature of Notice, Rep						
NOTICE OF INTE	ENTION TO:	SUBSEQ	UENT 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		CASING TEST AND CEMENT JOB						
OTHER:		OTHER: Yearly Bradenheed Test (TA)	Neil) X					
12. Describe Proposed or Completed Operations (Clearly state all partiment details, and give portinent dates, including estimated date of starting any proposed work) SEE RULE 1103.								
YEAR MONTH/DAY		G. PRESS. BLEED DOWN	TIME					
1990 9/27	325#	0						
1991 9/20 1992 9/17	310# 315#	0						
1993 6/8	315#	0						
1994 7/12	310#	0						
1995	J . J	_						
1996 6/4	310#	0						
1997 9/4	310#	0						
1998	,							
1999								
2000								
			İ					
hereby certify that the information above is true and	complete to the best of my knowledge and heliaf							
GRATURE 9N. J. C	ппь	Field Tech.	DATE <u>9/10/97</u>					
YPE OR PRINT NAME N.C. OLAY	<i>\(\theta\)</i>		TELEPHONE NO. (505) 374-3058					
This space for State Use	1	DISTRICT SUPERVIS	SOB 0 17 6-					
PPROVED BY 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Kuu— III.E	DISTRICT SUPERVIX	SOR DATE 9-15-97					