

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-059-20099
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/>	7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT
2. Name of Operator Amoco Production Company	8. Well No. 2134-021F
3. Address of operator P.O. Box 606, Clayton, New Mexico 88415	9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1680</u> Feet From The <u>WEST</u> Line Section <u>2</u> Township <u>21N</u> Range <u>34E</u> NMPM <u>UNION</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4670 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: YEARLY BRADENHEAD TEST (TA WELL) <input checked="" type="checkbox"/>

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	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	OCT. 26	325#	0	
1991	OCT. 9	315#	0	
1992	SEPT. 17	315#	0	
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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 12-4-92  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 12-16-92  
CONDITIONS OF APPROVAL, IF ANY: