

<div>Submit 3 Copies to Appropriate District Office</div> <div>DISTRICT I P.O. Box 1980, Hobbs, NM 88240</div> <div>DISTRICT II P.O. Drawer DD, Artesia, NM 88210</div> <div>DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410</div>	<div>State of New Mexico Energy, Minerals, and Natural Resources Department</div> <div><b>OIL CONSERVATION DIVISION</b> P.O. Box 2088 Santa Fe, New Mexico 87504-2088</div>	<div>Form C-103 Revised 1-1-89</div> <div>WELL API NO. <b>30-059-20110</b></div> <div>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/></div> <div>6. State Oil &amp; Gas Lease No.</div> <div>7. Lease Name or Unit Agreement Name  BRAVO DOME CO2 GAS UNIT</div> <div>8. Well No.  2035-181F</div> <div>9. Pool name or Wildcat  BRAVO DOME CO2 GAS UNIT</div>																																																												
<div style="text-align: center;"><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.)</div>																																																														
<div>1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/></div> <div>2. Name of Operator AMOCO PRODUCTION COMPANY</div> <div>3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410</div> <div>4. Well Location Unit Letter <u>F</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>20N</u> Range <u>35E</u> NMPM <u>UNION</u> County</div>																																																														
<div>10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4667</u> <u>GL</u></div>																																																														
<div>11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</div> <table border="0" style="width:100%;"><tr><td style="width:50%; vertical-align: top;"><div>NOTICE OF INTENTION TO:</div><div>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></div><div>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></div><div>PULL OR ALTER CASING <input type="checkbox"/></div><div>OTHER: <input type="checkbox"/></div></td><td style="width:50%; vertical-align: top;"><div>SUBSEQUENT REPORT OF:</div><div>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></div><div>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></div><div>CASING TEST AND CEMENT JOB <input type="checkbox"/></div><div>OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/></div></td></tr></table>			<div>NOTICE OF INTENTION TO:</div> <div>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></div> <div>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></div> <div>PULL OR ALTER CASING <input type="checkbox"/></div> <div>OTHER: <input type="checkbox"/></div>	<div>SUBSEQUENT REPORT OF:</div> <div>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></div> <div>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></div> <div>CASING TEST AND CEMENT JOB <input type="checkbox"/></div> <div>OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/></div>																																																										
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<div>12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)</div> <div>SEE RULE 1103.</div> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr></thead><tbody><tr><td>1990</td><td></td><td></td><td></td><td></td></tr><tr><td>1991</td><td></td><td></td><td></td><td></td></tr><tr><td>1992</td><td></td><td></td><td></td><td></td></tr><tr><td>1993</td><td></td><td></td><td></td><td></td></tr><tr><td>1994</td><td></td><td></td><td></td><td></td></tr><tr><td>1995</td><td></td><td></td><td></td><td></td></tr><tr><td>1996</td><td></td><td></td><td></td><td></td></tr><tr><td>1997</td><td>9/8</td><td>255#</td><td>0</td><td></td></tr><tr><td>1998</td><td></td><td></td><td></td><td></td></tr><tr><td>1999</td><td></td><td></td><td></td><td></td></tr><tr><td>2000</td><td></td><td></td><td></td><td></td></tr></tbody></table>			YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	1990					1991					1992					1993					1994					1995					1996					1997	9/8	255#	0		1998					1999					2000				
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<div>I hereby certify that the information above is true and complete to the best of my knowledge and belief.</div> <div>SIGNATURE <u>M. L. Clay</u> TITLE <u>Field Tech.</u> DATE <u>9/10/97</u></div> <div>TYPE OR PRINT NAME <u>M. L. CLAY</u> TELEPHONE NO. <u>(505) 374-3058</u></div> <div>(This space for State Use) APPROVED BY <u>[Signature]</u> TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9-15-97</u></div> <div>CONDITIONS OF APPROVAL, IF ANY:</div>																																																														