State of New Mexico

Form C-103

to Appropriate	Energy, Min	erals and Natural Res	sources Department	Revised 1-1	1-89
District Office					
DISTRICT I	OIL C	OIL CONSERVATION DIVISION		WELL API NO.	
P.O. Box 1980, Hobbs, N	M 88240	P.O.Box 2088		WELL API NO. 30-059-20124	
DISTRICT II P.O. Drawer DD, Artesia,	NM 88210 San	ta Fe, New Mexico 8'	7504-2088	5. Indicate Type of Lease	
r.o. Diawa DD, Aliasia,	14141 00210			STATE	FEE 🔲
DISTRICT III 1000 Rio Brazos Rd., Azt	ec, NM 87410			6. State Oil & Gas Lease No.	
SU	INDRY NOTICES AN	D REPORTS ON W	/ELLS		
(DO NOT USE THIS F	FORM FOR PROPOSALS TERENT RESERVOIR. US	O DRILL OR TO DEEP!	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
DIFF		SUCH PROPOSALS.)	CKWIII	BRAVO DOME CO2 GAS UNIT	
1. Type of Well					
OIL U	GAS WELL	OTHER	CO2		
2. Name of Operator				8. Well No.	
Amoco Production Com	pany			2233-121G	
3. Address of operator	At a No.	Marria - 00445		Pool name or Wildcat BRAVO DOME CO2 GAS U	AUT
P.O. Box 606,	Clayton, New	Mexico 88415		BRAVO DOME CO2 GAS O	1411
4. Well Location Unit Letter	G : 1980 Feet Fre	m The NORTH	Line and 19	30 Feet From The EAST	Line
	<u> </u>				
Section	12 Townsh	ip 22N R	tange 33E N	MPM UNION	County
		10. Elevation (Show whether			
4990 GR					
11.	•••		Nature of Notice, Re		
NOT	TICE OF INTENTION	TO:	SUE	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
	$\overline{}$		0014151105 00411110		
TEMPORARILY ABAND	ON U CHANGE	PLANS	COMMENCE DRILLING	OPNS. UPLUG AND ABANDO	DNMENT
PULL OR ALTER CASIN	ıg 🗌		CASING TEST AND CE	MENT JOB	
OTUED:			OTHER: YEAR	Y BRADENHEAD TEST (TA WELL)	X
OTHER:					
12. Describe Proposed or (work.) SEE RULE 11		state all pertinent details,	and give pertinent dates, inclu	ing estimated date of starting any propose	d
YEAR MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME		
1990 10/26	315#	0			
1991 10/9 1992 9/16	310# 310#	0 0			
1992 9/16	310#	v			
1994					
1995 1996					
1997					
1998					
1999 2000					
I hereby certify that the in	nformation above is true and co	mplete to the best of my kno	owledge and belief.		
M	f. Clear		FIELD	тесн /2 -	1-92
SIGNATURE	9		TITLE	DATE 22	
TYPE OR PRINT NAME	M. L. CLAY			TELEPHONÉ NO.	(505) 374-3053
(This space for State Use					
(+	2 Colores		DISTRICT SU	JPERVISOR 192	28-12
APPROVED BY	19 0 1170000		TITLE	DATE	
CONDITIONS OF APPROVAL	L, IF ANY				