

<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><b>WELL API NO.</b> 30-059-20127</div> <div><b>5. Indicate Type of Lease</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/></div> <div><b>6. State Oil &amp; Gas Lease No.</b></div> <div><b>7. Lease Name or Unit Agreement Name</b> BRAVO DOME CO2 GAS UNIT</div> <div><b>8. Well No.</b> 2333-251F</div> <div><b>9. Pool name or Wildcat</b> 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><div>1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2</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 F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 25 Township 23N Range 33E NMPM UNION County</div><div>10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4920 GR</div></div>																																																														
<div>11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2"><b>NOTICE OF INTENTION TO:</b></td><td colspan="2"><b>SUBSEQUENT REPORT OF:</b></td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABANDONMENT <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td></td><td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td><td></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td></td><td>OTHER: Yearly Broderhead Test (TA Well) <input checked="" type="checkbox"/></td><td></td></tr></table>			<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>		OTHER: <input type="checkbox"/>		OTHER: Yearly Broderhead Test (TA Well) <input checked="" type="checkbox"/>																																									
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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>10/26</td><td>0</td><td>0</td><td></td></tr><tr><td>1991</td><td>10/9</td><td>0</td><td>0</td><td></td></tr><tr><td>1992</td><td>9/17</td><td>0</td><td>0</td><td></td></tr><tr><td>1993</td><td>6/10</td><td>0</td><td>0</td><td></td></tr><tr><td>1994</td><td>6/24</td><td>0</td><td>0</td><td></td></tr><tr><td>1995</td><td>9/1</td><td>0</td><td>0</td><td></td></tr><tr><td>1996</td><td>6/4</td><td>0</td><td>0</td><td></td></tr><tr><td>1997</td><td>9/4</td><td>0</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	10/26	0	0		1991	10/9	0	0		1992	9/17	0	0		1993	6/10	0	0		1994	6/24	0	0		1995	9/1	0	0		1996	6/4	0	0		1997	9/4	0	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><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>R. J. Johnson</u> TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9-15-97</u></div><div>CONDITIONS OF APPROVAL, IF ANY:</div></div>																																																														