State of New Mexico

Form C-103	
Revised 1-1-8	

OIL CONSERVATION DIVISION P.O.Box 2088 Santa Fe, New Mexico 87504-2088 Santa Fe, New Santo San	State of New Mexico Submit 3 Copies to Appropriate District Office State of New Mexico Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89		
STATE FEE	P.O. Box 1980, Hobbs, NM 88240	P.O.Box 2088				
CO NOT USE THIS FORM FOR PROPOSALS TO ORILLOR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" Type of Well	DISTRICT III	ŕ	7304-2088	STATE FEE		
CO2 S. Well OTHER CO2 S. Well No.	(DO NOT USE THIS FORM FOR F DIFFERENT RES (FORM	PROPOSALS TO DRILL OR TO DEEP SERVOIR. USE "APPLICATION FOR	EN OR PLUG BACK TO A			
Annoco Production Company 3. Address of operator P.O. Box 605. Claylon, New Mexico 88415 4. Well Location Unit Letter F: 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 7 Township 22N Range 34E NMPM UNION Country 4095 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB OTHER: YEARLY BRADENHEAD TEST (TA WELL) 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent datas, including estimated date of starting any proposed work) SEE RULE 1103. YEAR MONITHOAY TUBING PRESSURE CASING PRESSURE BLEED DOWN TIME 1990 1076 3158 0 1991 109 3108 0 1992 916 3109 0 1992 1996 1999 2000 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ALL LIGHT TITLE FIELD TECH TITLE TECHNOLOGY OF A STANDARD TEST (AS SOS) 314-3063 This space for State Usp	OIL GAS WELL	OTHER_	CO2			
P.O. Box 606, Clayton, New Medico 88415 A. Well Location				** ** * * ***		
Well Location	· ·					
Section 7 Township 22N Range 34E NMPM UNION County		New Mexico 88415		BRAVO DOME CO2 GAS UNIT		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4905 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	Unit Letter F : 1	980 Feet From The NORTH	Line and 19	60 Feet From The WEST Line		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING OTHER: YEARLY BRADENHEAD TEST (TA WELL) 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 10/26 315st 0 1992 9/16 310st 0 1992 1996 1996 1996 1996 1996 1996 1996	Section 7	Township 22N F	Range 34E N	MPM UNION County		
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TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3053 (This space for State Use)	m & PO	To a use and complete to the test of my kind	EIEI D T	ECH DATE 12-7-92		
(This space for State Use)		<i></i>		TELEPHONE NO. (505) 374-3053		
APPRILIPRIES A.A.A.A.E.A.E.A.E.A.E.A.E.A.E.A.E.A.E.A	(H)	John Land	_DISTRICT SU			

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: