

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-059-20130
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(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 C02	7. Lease Name or Unit Agreement Name Bravo Dome C02 Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2433-3516
3. Address of Operator P. O. Box 606, Clayton, NM 88415	9. Pool name or Wildcat Bravo Dome C02 Gas Unit
4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 35 Township 24N Range 33E NMPM UNION County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5185 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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 Wells) <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	SEPT. 26	290#	Ø	
1991	SEPT. 20	285#	Ø	
1992	SEPT. 17	290#	Ø	
1993	JUNE 9	290#	Ø	
1994	JULY 12	285#	Ø	
1995	AUG. 11	285#	Ø	
1996	JUNE 6	285#	Ø	
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 9-4-96  
TYPE OR PRINT NAME M. L. Clay TELEPHONE NO. 505-374-3058

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-16-96  
CONDITIONS OF APPROVAL, IF ANY: