Such Type of Well OLY DISTRICT III OUNDER NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101] FOR SUCH PROPOSALS.) 1. Type of Well OL WELL OTHER CO2 2. Name of Operator AMOCO PRODUCTION COMPANY 3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410 A Well Location Revised 1.1-89 WELL API NO. 30-059-20153 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name CO2 8. Well No. 2332-2116 9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT 4. Well Location								·····		•	
OIL CONSERVATION DIVISION P.O. Best 2008 SIGNETT I OD Best 2008 Signetty II Santa Fe, New Mexics 87504-2088 Signetty II GETPRETLII G	Submit 3 Copies					\			Form C-103		
OIL CONSERVATION DIVISION 70. Date 1991 Feb. 2008 SERECTI FOR THE PROPERTY OF ARRIVAN NOT 81249 SERECTI STATE FEE 6. State Off & Gene Leave No. SUNDAY NOTICES AND REPORTS ON WELLS BOOK HE THE PROPERTY OF ARRIVAN STATE OF THE PROPERTY OF ARRIVAN STATE SUNDAY NOTICES AND REPORTS ON WELLS BOOK HE THE PROPERTY OF THE PROPERTY OF ARRIVAN STATE OFFICE OF THE PROPERTY OF THE PROPERTY OF ARRIVAN STATE Types of North 1992 Section 21	a Appropriate		Energy, Minerals, a	na Naturai i	kesources L	лераптеп	IL		4841260 I-1-03		
Dies 1987, Tables, NM 83200 South State Fe, New Mexico 87504-2088 S. Indicate Type of Legis FEE Santa Fe, New Mexico 87504-2088 S. Indicate Type of Legis FEE STATE G. State Oil & Gras Lease No. SUNDRY MOTICES AND REPORTS ON WELL'S RODROG LINE FOR PROPERTY MOTION COUNTY MOTION OF THE STREET OF THE STRE	District Office										
S. Indicate Type of Lease STATE FOR New Mexico 87504-2088 S. Indicate Type of Lease STATE FOR New Brazal SAL Acto, NA 87410 6. State Oil A Gas Lease No. SUMBY NOTICES AND REPORTS DN WELLS SOURT FOR THE INDICATION OF PRINCESS TO BE ACTOR OF THE INDICATION OF THE I	DISTRICT I		OIL CONSI	ERVATIO	N DIVIS	ION	W	WELL API NO.			
STATE FEE DESTRICT II STATE FEE 6. State Oil & Gas Leave No. STATE FEE 6. State Oil & Gas Leave No. STATE Gestler II 7. Leave Name or Unit Agreement Name No. STATE Gestler II 7. Leave Name or Unit Agreement Name Name Name Name Name Name Name Name	P.O. Box 1980, Hobbs, 1	NM 88240	P.O. Box 20	Box 2088			30-059-20153				
PO Desire DO, Apress, NM 88210 STATE FEE STATE STATE TALES STATE THE FEE STATE FEE STATE STATE THE FEE STATE FEE STATE THE FEE STATE STATE THE FEE STATE THE FE	DISTRICT II		ew Mexico 8	Iexico 87504-2088 5							
SUNDRY NOTICES AND REPORTS ON WELLS DOUBLE SET THEFFRANCE PROPORATE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE PROPORATE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE PROPORATE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE PROPORATE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON WELLS DOUBLE SET THEFFRANCE TO DRIVE AND REPORTS ON THE PROPORT OF SET THEFFRANCE AND REPORTS ON THEFFRANCE AND REPORTS ON THE PROPORT OF SET THEFFRANCE AND REPORTS ON THE PROPORT OF		a, NM 88210	,					STATE	FEE .		
UNION CONTROL OF INTENTION AND PROPORTS ON WELLS (I) Types of Well on the Completed Control of Seaton of the Seaton of Completed Control of Seaton of Co							6. 3	State Oil & Gas l	ease No.		
SUNDRY NOTICES AND REPORTS ON WELLS BOND USES THE THE FORM FOR PRINCIPACE TO THE INTERNAL OF THE BOND OF THE STORM FOR MANY TH		ztec NM 87410					, , , , , , , , , , , , , , , , , , ,				
Type of Well Set Type of	1000 KIO BIAZOS Ku., A.										
Type of Net Country Service Country Co	ing wat ligh										
STANDE OF FORESTED FOR SIGH PROPERSION FOR SIGH PROPERSION OF STANDE OF STAN	·							7. Lease Name or Unit Agreement Name			
2 Numer of Operation AMODO PRODUCTION COMPANY 3 Address of Operation PRO Data 303, AMISTAD, NEW MEXICO 88410 4 Well Louxidor, Cont. Leiter G 1650 Feet From The NORTH Line and 1550 Feet From The EAST Line Section 21 Teventhip 21N Runge 335 NNIPM 1/NION County Cont. Leiter G 1650 Feet From The NORTH Line and 1550 Feet From The NORTH Line and 1550 Feet From The NORTH Line and 1550 Feet From The EAST Line and 1550 Feet From The											
2 Nume of Operators AMOGO PRODUCTION COMPANY AMOGO PRODUCTION COMPANY AMOGO PRODUCTION COMPANY P.O. Bax 2003, AMISTAD, NEW MEXICO 88410 4 Well Leaster Charleter Completed From Total 1650 Feet From Total Section Completed From Total Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REFORM MEMICIDAL WORK PRUGANG ABANDON COMMINGE PANS COMMINGE OF REALING CIPIES COMMINGE OF REALING C	l. Type of Well							BRAVO DOME CO2 GA	IS UNIT		
2 Name of Operators AMGIOS PRODUCTION COMPANY 3. Address of Operators P.D. Box 303, AMISTAD, NEW MERICO 884 10 4 Well Location Unit Letter G 1 1650 FOX FORM TOWN 10 10 10 10 10 10 10 10 10 10 10 10 10			I I	OTHER	CO2						
A MODICE OF CONTROL COMPANY 3 Address of Cyretain P.O. Day 303. AMSTAD. NEW MEXICO 88410 4. Well Location Unit Letter O 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 21 Termship 23N Rings 32IL NNRPM LINION County To Elevation (Show wheeling DE RICK RICK) OR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: FEETGMAR MEMBOLAN TOR: FEETGMAR REMEDIAL WORK ALTERNIC CASING OTHER PLUS AND ABANDON COMMINGE DRILLING OFFIS. THEMPORABLY ABANDON CHANGE PLUS THEMPORABLY ABANDON COMPINED TO COMPANY THE COMMINGE DRILLING OFFIS. FEETGMAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 9/27 295# 0 1992 9/17 290# 0 1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 9/4 290# 0 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 1997 9/4 290# 0 1999 9/4 290# 0 1990 9/4 290# 0			WELL	UINEN	302		Q ·	Well No		_	
3. Address of Operation P.O. Bers 303. AMISTAD. NEW MEXICO 88410 4. Well Location Chic Letter G 1650 Feet From The 23N NORTH Line and 1500 Feet From The EAST Line Chic Letter G 1650 Feet From The Section 21 Township 23N Range 32E NORTH LINE BEAST LINE Section 21 Township 23N Range 32E NORTH LINE BEAST LINE STATE CHILD STATE AND ADDRESS STATE CHILD STA			*****				0.		116		
P.D. Bes 303, AMISTAD, NEW MEXICO 88410 Township 21 Township 22 Township 23 N Range 32 NNAPM CNION County 10 Elevation 21 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PULI AND ABANDON CHANGE PLANS COMMONCE DRILLING OPNS. PULI OR ALTER CASING TOWNSHIP 12 Describe Proposed or Completed Operations SEE BULL 1003. VEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 9/27 290# 0 1992 9/17 290# 0 1993 6/71 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 1997 9/4 290# 0 1998 6/11 290# 0 1999 1997 1996 6/7 290# 0 1998 6/7 1999 1997 1944 290# 0 1998 6/7 1999 1999 1998 6/11 290# 0 1999 1998 6/11 290# 0 1999 1998 6/11 290# 0 1999 1998 6/11 290# 0 1999 1998 6/11 290# 0 1999 1998 6/11 290# 0 1998 6/11 290# 0 1998 100 100 100 100 100 100	AMOCO PI	RODUCTION COMPA	ANY								
4. Well Location Unit Letter Co 1650 Feet From The NORTH Line and 1650 Feet From The RAST Line Section 21 Township 10 Elevation (Show wheeler DF, RUR, RT, GR, etc.) 338 NAPPM UNION County 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: REFERENCE AND ABANDON RENEDLAL WORK PLUG AND ABANDON RENEDLAL WORK ALTERNIC CASING TEMPORARRY ABANDON CHANGE PLANS COMMENCE DRILLING DENS. PLUG AND ABANDONMINT REMEDIAL WORK ALTERNIC CASING OTHER: Variety backwheel Test (TA WAI) 12. Describe Proposed or Completed Operations SEE BUL 1103. YEAR MONTH/DAY TBG PRESS. CSG PRESS. BLEED DOWN TIME 1990 9/27 295# 0 1991 9/20 290# 0 1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 6/7 290# 0 1996 6/7 290# 0 1997 9/4 290# 0 1999 1996 6/7 290# 0 1999 1997 9/4 290# 0 1999 2000 Thereby credity that the infrancylight above B true and campleta is the bast of my knowledge and bailed. SIGNATURE TITLE OR FRANT RAME ALL CAY THE OR FRANT RAME ALL CAY TRESS PRINT RAME ALL CAY T	· ·						[9.]				
Unit Letter G 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 21 Township 23N Range 32E NAIPM UNION County	P.O. Box 3	03, AMISTAD,	NEW MEXICO 88410					BRAVO DOME CO2 G/	ASUNII		
Section 21 Township 23N Rungs 3.25 NMPM CNION County 10 Elevation Show whether DF, RKS, RT, GR, etc.	4. Well Location										
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT DF: REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DEFLING OPINS. CASING TEST AND CEMENT JUB. OTHER: Therefore Present and the interruptive above is true and complete to the best of my knowledge and belef. Therefore Present Banks Fig. 1990 Present be interruptive above is true and complete to the best of my knowledge and belef. Therefore Present Banks Fig. 1998 Fig. 1998 Fig. 1998 Fig. 1998 Fig. 1998 Fig. 1998 Fig. 1999 Fig. 1998 Fig. 1998 Fig. 1999 Fig. 1998 Fig. 1999 Fig. 1998 Fig. 1999 Fig. 1999 Fig. 1999 Fig. 1998 Fig. 1999 Fig.	Unit Letter	G :	1650 Feet From The	NORTH	Lin	e and	1650	Feet From The	EAST	Line	
The check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE ORIGINA OFFICE OTHER: OTHER: The description of Completed Operations SEE FINEL TROOL OF COMPLETED CEARLY STAND CEMENT JOB OTHER: OTHER: The description of Completed Operations SEE FINEL TROOL OF COMPLETED CEARLY STAND ABANDON TO TAN WIRE The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations SEE FINEL TO CEMENT JOB OTHER: The description of Completed Operations The description of Completed Operations The description of Completed Operations SEE FINEL TO CEMENT JOB ALTERNOO CASH DESCRIPTION OTHER: The description of Completed Operations The description of Completed Operations The description of Completed Operations SUBSTRICT SUBSTRICT SUBSTRICT OF COMPLETE AS A STANDARD AND COMPLETE AND	Section	21	Township	23N	Range	32E	NMPM	UNION	c	ounty	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PREFORM REMEDIAL WORK PRUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING OTHER: OTHER: The month Proposed or Completed Operations SEE RULE 103. VEAR MONTH/DAY TBG PRESS. CSG. PRESS. BLEED DOWN TIME 1990 9/27 295# 0 1991 9/20 290# 0 1992 9/17 290# 0 1992 9/17 290# 0 1994 7/12 290# 0 1994 7/12 290# 0 1995 1 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1998 6/11 290# 0 1999 2000 Think the informacion above is true and complete to the best of my knowledge and besief. SIGNATURE TITLE FAIG Tech. TREE FORD TECH CSC. SCO. SCO. SCO. SCO. SCO. SCO. SCO.			10. Elevati	on (Show whe	ether DF, RKB, F	RT, GR, etc.)					
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE ORILLENG OFNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND ELEMENT JOB OTHER: **TOTHER:** Totally Bradienhand Test [TA Wail) TOTHER:** Totally Bradienhand Test [TA Wail) **TOTHER:** Totally Bradienhand				5358	GR GR	<u> </u>					
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND READON CHANGE PLANS COMMENCE ORILLING OPIS. PLUG AND ABANDONMENT PULL OR ALTER CASING OTHER: OTHER: Twelfy Bandenhead Feet [TA Wait)		Che	eck Appropriate Box	to Indicate	e Nature o	of Notic	e. Report	or Other Dat	a		
PERFORM REMEDIAL WORK PULIS AND ABANDON CHANGE PLANS COMMENCE DRILLING OPHS. PLUG AND ABANDONMENT PULL OR ALTER CASING OTHER: Teachy Bradenhead Test (TA Well) 12 Describe Proposed or Completed Operations SEE RULE 1103. YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 9/27 295# 0 1992 9/17 290# 0 1993 6/8 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 6/7 290# 0 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 Therefore the intringation above is true and complete to the best of my knowledge and bedief. SIGNATURE TIME 100. SSS 374-3058 TITE OR PRINT NAME No. CSS 374-3058 TITE OR PRINT NAME No. CSS 374-3058 TITE OR PRINT NAME No. CSS 374-3058 TITE OF PRINT NAME No. CSS 374-3058	11.			to maiour	1	31 1 10010					
TEMPORARILY ABANDON CHANGE PLANS PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT PLUG AND ABANDONMENT PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT PLUG AND ABANDONMENT PLUG AND ABANDONMENT PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT PLUG AND ABANDONMENT PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT PLUG AND ABANDONMENT CHANGE PLANS PLUG AND ABANDONMENT PLUG AND ABANDONMENT PLUG AND ABANDONMENT CHANGE PLANS P		NUTICE OF IN	TENTIUN TU:				SUDSEQUEN			Γ	
CASING TEST AND CEMENT JOB CASING TEST AN	PERFORM REMEDIAL WOR	к	PLUG AND ABANDON		REMEDIAL	. WORK		ALT	ERING CASING		
CASING TEST AND CEMENT JOB	TEMPORARILY ABANDON		CHANGE PLANS		COMMEN	CE DRILLING OP	NS.	PLU	G AND ABANDONMENT		
OTHER: Yearly bandenhand Test (TA will)		H			CASINGT	EST AND CEMEN	NT JOB			•	
12 Describe Proposed or Completed Operations (Clearly state at pertinent datas, and give pertinent datas, including estimated data of starting any proposed work)	FULL OR ALTER CASING									l _v	
YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 9/27 295# 0 1991 9/20 290# 0 1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 I hereby certify that the information above is true and complete to the best of my knowledge and basel. SIGNATURE TITLE Field Tech. DATE 9/2/98 TITLE FIELD TECH TELEPHONE NO. G05) 374-3058 TITLE GOS TROUGH TELEPHONE NO. G05) 374-3058 TITLE FIELD TECH TELEPHONE NO. G05) 374-3058 TITLE TELEPHONE NO. G05) 374-3058	OTHER:			<u> Ш</u>	1						
YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 9/27 295# 0 1991 9/20 290# 0 1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000	12. Describe Proposed	or Completed Operat	tions (Clearly state all pe	rtinent details, and gi	ive pertinent dates,	including estime	ted date of starting	any proposed work)			
1990 9/27 295# 0 1991 9/20 290# 0 1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 Thereby certify that the information above is true and complete to the best of my knowledge and besief. SIGNATURE						D. EED	DOVADIT	INAC			
1991 9/20 290# 0 1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000					RESS.	BLEED	DOWN	IME			
1992 9/17 290# 0 1993 6/8 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 1	ł I										
1993 6/8 290# 0 1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 Thereby certify that the information above is true and complete to the best of my knowledge and besief. SIGNATURE TYPE OR PRINT NAME M. L. CLAY DATE 9/2/98 TELEPHONE NO. (SOS) 374-3058	1 1			_							
1994 7/12 290# 0 1995 1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 Thereby certify that the information above is true and complied to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME THE Field Tach. DATE 9/2/98 TELEPHONE NO. (505) 374 3058	l 1										
1995	1 1			=							
1996 6/7 290# 0 1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 I hereby certify that the information above is true and complete to the best of my knowledge and besief. SIGNATURE	! I	7/12	∠ 9 ∪#	U							
1997 9/4 290# 0 1998 6/11 290# 0 1999 2000 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME N. L. CLAY TELEPHONE NO. (505) 374-3058 TYPE OR PRINT NAME N. L. CLAY TELEPHONE NO. (505) 374-3058		6/7	200#	٥						İ	
1998 6/11 290# 0 1999 2000 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME M. L. CLAY OSTRICT SUBJECT SUBJ											
1 hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058	· •										
2000 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME M. L. CLAY DATE 9/2/98 TELEPHONE NO. (505) 374-3058 TOTAL STREET S	l I	0/11	∠∂∪ π	J							
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Field Tech. DATE 9/2/98 TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058 [This space for State Use)	1 1										
SIGNATURE TYPE OR PRINT NAME TYPE OR PRINT NAME TELEPHONE NO. (505) 374-3058 OISTRICT SUPERVISOR OF STATE Use)	2000										
SIGNATURE TITLE Field Tech. DATE 9/2/98 TYPE OR PRINT NAME TELEPHONE NO. (505) 374-3058 OISTRICT SUPPLY SOFT SUPPLY SUPPLY SOFT SUPPLY SOFT SUPPLY											
SIGNATURE TITLE Field Tech. DATE 9/2/98 TYPE OR PRINT NAME TELEPHONE NO. (505) 374-3058 OISTRICT SUPPLY SOFT SUPPLY SUPPLY SOFT SUPPLY SOFT SUPPLY										1	
SIGNATURE TITLE Field Tech. DATE 9/2/98 TYPE OR PRINT NAME TELEPHONE NO. (505) 374-3058 OISTRICT SUPPLY SOFT SUPPLY SUPPLY SOFT SUPPLY SOFT SUPPLY											
SIGNATURE TITLE Field Tech. DATE 9/2/98 TYPE OR PRINT NAME TELEPHONE NO. (505) 374-3058 OSTRICT SUPERVISOR OF STATE Use)											
SIGNATURE TITLE Field Tech. DATE 9/2/98 TYPE OR PRINT NAME TELEPHONE NO. (505) 374-3058 OISTRICT SUPPLY SOFT SUPPLY SUPPLY SOFT SUPPLY SOFT SUPPLY	I hereby certify that the int	formation above is true	and complete to the best of my knowledg	and belief.							
TYPE OR PRINT NAME (This space for State Use) DISTRICT SUPPOVISOR 9/5/98		M. 7	Plan		Field Tech.			DATE	9/2/98		
This space for State Use) DISTRICT SUPERVISOR 9/15/98	SIGNAL ONE	-0.								4 2050	
(This space for State Use) APPROVED BY DISTRICT SUPERVISOR DATE 9/15/98	TYPE OR PRINT NAME	M. L. CLAY						TELEPHONE	NU. (505) 374	#-3U58 	
APPROVED BY TY GOVERNMENT TITLE THE TITLE TO	(This space for State Use)	12	5112	Ĩ	DISTRIC	T SH	DED/JIC		9/15/9	P	
	APPROVED BY	174	grum	TITLE "		الية فيه	a Sadak ₹ 1€	DATE	1/0//	<u> </u>	
CONDITIONS OF APPROVAL, IF ANY:	CONDITIONS OF APPROVAL, I	FANY:									