Form C-103 Revised 1-1-89

FEE

State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office <u>,, 51918101</u> **JOIL CONSERVATION DIVISION** P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O.Box 2088 30-059-20153 Santa Fo New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 38210 5. Indicate Type of Lease DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" BRAVO DOME CO2 GAS UNIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well OIL WELL C02 OTHER 2. Name of Operator 8. Well No. Amoco Production Company 2332-211G 3. Address of operator 9. Pool name or Wildcat

P.O. Box 606, CLAYTON, NEW MEXICO 88415 BRAVO DOME CO2 GAS UNIT 4. Well Location 1650 NORTH Unit Letter G Feet From The Line and 1650 Feet From The Line Section 21 Township 23N Range 32E **NMPM** UNION County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5358 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** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: YEARLY BRADENHEAD TEST (TA WELL) OTHER: 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. 27 295# 0 1991 SEPT. 20 290# 0 1992 SEPT. 17 290# 0 1993 JUNE 8 290# 1994 1995 1996

I hereby certify that the i	nformation above is true and cor	nplete to the best of my knowledge	and belief.	
SIGNATURE M	Clay	TITLE	FIELD TECH.	DATE 10-4-93
TYPE OR PRINT NAME		M.L. CLAY		TELEPHONE NO. (505) 374-3053

(This space for State U:

DISTRICT SUPERVISOR DATE 10-12-93

CONDITIONS OF APPROVAL, IF ANY: