Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	Energy, witherars and Matur	ai Resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	TION DIVISION	WELL API NO.
	P.O.Box 2088		30-059-20246
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87-	410		STATE FEE
1000 RIO DI AZOS RUL, AZUSC, NWI 87	410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOI DIFFERENT R	R PROPOSALS TO DRILL OR TO I	DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(FO	RM C-101) FOR SUCH PROPOSA		BRAVO DOME CO2 GAS UNIT
1. Type of Well OIL GAS			
WELL WELL 2. Name of Operator	L OTHER	CO2	0 W # W
Amoco Production Company			8. Well No. 1834-291G
3. Address of operator	······································		9. Pool name or Wildcat
P.O. Box 606, CLAYTO	N, NEW MEXICO 88415	5	BRAVO DOME CO2 GAS UNIT
4. Well Location Unit Letter G:	1650 Feet From The N	OPTH	SEO
Offit Letter	rearrom the	URTH Line and 1	650 Feet From The EAST Line
Section 29	Township 18N	Range 34E	NMPM UNION County
	10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	
		4724 GR	
	Appropriate Box to Indic	•	- -
NOTICE OF	INTENTION TO:	SUI	BSEQUENT 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	7	CASING TEST AND CE	
		_ l	
			RLY BRADENHEAD TEST (TA WELL)
 Describe Proposed or Completed O work.) SEE RULE 1103. 	perations (Clearly state all pertinent de	etails, and give pertinent dates, inclu	ding estimated date of starting any proposed
YEAR MONTH/DAY TUBING	G PRESSURE CASING PRESSUR	RE BLEED DOWN TIME	
1990 1991			
1992 JUNE 11	320# 0		
1993 1994			
1995			
1996			
1997 1998			
1999			
2000			
I hereby certify that the information at	bove is true and complete to the best of n	ny knowledge and bolish	
SIGNATURE M. L. E	Less	TITLE FIELD	TECH DATE 10-19-91
TYPE OR PRINT NAME M. L. CLA	NY O		TELEPHONE NO. (505) 374-3053
(This space for State II)	0		
(This space for State Use)	P1.//	PICTRIAT O	Clines us s
	htt man	DISTRICT S	SUPERVISOR 10-70-97

