Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
Revise	ed I-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	WELL API NO.
P.O. Box 2088 DISTRICT II Santa Fe New Marine 9750 4 2000	30-059-20248
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
CUMPRY NOTICES AND DEPORTS OF THE	
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	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	Bravo Dome CO2 Gas Unit
	Diavo boile coz das offic
WELL WELL OTHER CO2 2. Name of Operator	
Amoco Production Company	8. Well No.
3. Address of Operator	1834-171G
P. O. Box 606, Clayton, NM 88415	9. Pool name or Wildcat
4. Well Location	Bravo Dome CO2 Gas Unit
Unit Letter G: 1650 Feet From The NORTH Line and 165	0 5
Line and 100	U Feet From The EAST Line
Section 17 Township 18N Range 34F	MPM UNION COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	County
4778 GL	
11. Check Appropriate Box to Indicate Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM PENEDIAL WORK	
TELIPOPADIL V ARANDON	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING (DPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND OFFI	
CASING TEST AND CEM	
OTHER: TEATTY DI	adenhead Test (TA Well) X
12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includin work) SEE RULE 1103.	g estimated date of starting any proposed
YEAR MONTH/DAY TUBING PRESSURE CASING	DDECCUPE DI SED DOINI TONO
1996 May 21 Ø	PRESSURE BLEED DOWN TIME
1997	
1998	
1999 2000	
2000	
	<i>5</i> '
hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	0111
ONATURE TITLE FIELD TECH	DATE 9.4-96
THE OR PRINT NAME M. L. CLAY	TELEPHONE NO. 505-374-3058
	TETELHONE NO 200, 1, 2028

(This space for State Use)

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DISTRICT SUPERVISOR

9-16-96

CONDITIONS OF APPROVAL, IF ANY: