Submit 3 Copies to Appropriate  District Office  DISTRICT I  P.O. Box 1980, Hobbs, NM 88240  DISTRICT II  P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	Energy, Minerals	State of New Mexico			F 0 102		
District Office  DISTRICT I  P.O. Box 1980, Hobbs, NM 88240  DISTRICT II  P.O. Drawer DD, Artesia, NM 88210		State of New Mexico		Form C-103			
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OF 663	Energy, Minerals, and Natural Resources Department		Revised 1-1-B9			
P O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P O. Drawer DD, Artesia, NM 88210	AF 44-						
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OH. CON	SERVATION D	NOISION	WELL API NO.			
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	on con						
P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088			30-059-202	56		
	· · · · · · · · · · · · · · · · · · ·			5. Indicate Type of L	ease		
DISTRICT III				STATE	FEE		
DISTRICT III							
i				6. State Oil & Gas L	ease No.		
1000 Rio Brazos Rd., Aztec, NM 874	.10						
SUN	DRY NOTICES AND REPORTS	ON WELLS					
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						
DIFFERI	ENT RESERVOIR. USE "APPLICATION FOR PERN	AIT"		7. Lease Name or Unit Agreement Name			
l	(FORM C-101) FOR SUCH PROPOSALS.)				-		
1. Type of Well				BRAVO DOME CO2 GAS	UNIT		
	GAS						
OIL WELL	WELL	OTHER CO2					
2. Name of Operator				8. Well No.			
AMOCO PRODUCTION COMPANY				2230-221G			
3. Address of Operator							
·			9. Pool name or Wildcat				
P.O. Box 303, AMISTA	AD, NEW MEXICO 88410			BRAVO DOME CO2 GAS	UNIT		
4. Well Location							
Unit Letter G	: 1980 Feet From Th	e NORTH	Line and 1980	Feet From The	EAST Line		
Section 22	Township			-			
	Township	22N Range	30E N	MPM UNION	County		
	10. Elev	,	, RKB, RT, GR, etc.)				
		5383	<u>GR</u>				
11.	Check Appropriate Bo	x to Indicate Nat	rure of Notice Re	nort or Other Data	-		
		A to indicate ivat					
NUTICE OF	F INTENTION TO:		SUBSE	QUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		EMEDIAL WORK	ALTERI	NG CASING		
	=						
TEMPORARILY ABANDON	CHANGE PLANS	c	OMMENCE DRILLING OPNS.	PLUG A	NO ABANDONMENT		
PULL OR ALTER CASING	$\neg$	c	ASING TEST AND CEMENT JOB				
	<b>—</b>			اا	_		
OTHER:		°	THER: Yearly Bradenhead Test (T	A Well)	X		
12. Describe Proposed or Completed O	perations (Clearly state all	pertinent details, and give pertiner	nt dates, including estimated date of	starting any proposed work)			
SEE RULE 1103.				• ,			
YEAR MONTH/E	DAY TBG. PRESS.	CSG. PRESS	S. BLEED DOW	/N TIME			
1990 9/26	1#	1#					
1991 9/23	0	0					
1992 9/17	0				]		
	<u> </u>	0					
1993 6/9	0	0					
1994 7/12	0	0					
1995							
1996 6/7	0	0					
1.000	0	0					
1997 9/4	0	0					
1997 9/4	_	J					
1997 9/4 1998 6/11					İ		
1997 9/4 1998 6/11 1999							
1997 9/4 1998 6/11							
1997 9/4 1998 6/11 1999							
1997 9/4 1998 6/11 1999							
1997 9/4 1998 6/11 1999					·		
1997 9/4 1998 6/11 1999							
1997 9/4 1998 6/11 1999					·		
1997 9/4 1998 6/11 1999 2000	rue and complete to the best of my knowled:	e and belief.					
1997 9/4 1998 6/11 1999 2000	rue and complete to the best of my knowledg		·				
1997 9/4 1998 6/11 1999 2000	rue and complete to the best of my knowleds	je end belief. 1171.E Field Tach		DATE 8)	28/98		
1997 9/4 1998 6/11 1999 2000	rue and complete to the best of my knowledg		i.	DATE <u>8)</u> Telephone no.			
1997 9/4 1998 6/11 1999 2000  Pereby certify that the information above is to sharture  The OR PRINT NAME  THE OR PRINT NAME	rue and complete to the best of my knowleds	TITLE Field Tack		TELEPHONE NO.	26/98 (505) 374-3058		
1997 9/4 1998 6/11 1999 2000  heraby certify that the information above is t	rue and complete to the best of my knowledge	TITLE Field Tack	RICT SUPERV	TELEPHONE NO.			