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
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-059-20257

5. Indicate Type of Lease STATE ☐ FEE ☐

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Bravo Dome CO2 Gas Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER CO2

2. Name of Operator: Amoco Production Company

8. Well No. 2431-271K

3. Address of Operator: P. O. Box 606, Clayton, NM 88415

9. Pool name or Wildcat: Bravo Dome CO2 Gas Unit

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 27 Township 24N Range 31E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5658 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: ☐		OTHER: Yearly Bradenhead Test (TA Wells) ☒	

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	Ø	Ø	
1991	SEPT. 23	Ø	Ø	
1992	SEPT. 17	Ø	Ø	
1993	JUNE 8	Ø	Ø	
1994	JULY 12	Ø	Ø	
1995	Aug. 4	Ø	Ø	
1996	JUNE 6	Ø	Ø	
1997				
1998				
1999				
2000				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. L. Clay TITLE Field Tech DATE 9-4-96

TYPE OR PRINT NAME M. L. Clay TELEPHONE NO. 505-374-3058

(This space for State Use)

APPROVED BY Roy E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-16-96

CONDITIONS OF APPROVAL, IF ANY: