

<b>DISTRICT I</b> P.O. Box 1980, Hobbs, NM 88240		<b>OIL CONSERVATION DIVISION</b> <b>P.O. Box 2088</b> <b>Santa Fe, New Mexico 87504-2088</b>	<b>WELL API NO.</b> <b>30-059-20257</b>
<b>DISTRICT II</b> P.O. Drawer DD, Artesia, NM 88210			<b>5. Indicate Type of Lease</b> <b>STATE</b> <input type="checkbox"/> <b>FEE</b> <input type="checkbox"/>
<b>DISTRICT III</b> 1000 Rio Brazos Rd., Aztec, NM 87410			<b>6. State Oil &amp; Gas Lease No.</b>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)			<b>7. Lease Name or Unit Agreement Name</b>  <b>BRAVO DOME CO2 GAS UNIT</b>
<b>1. Type of Well</b> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>CO2</b>			<b>8. Well No.</b> <b>2431-271K</b>
<b>2. Name of Operator</b> <b>AMOCO PRODUCTION COMPANY</b>			<b>9. Pool name or Wildcat</b> <b>BRAVO DOME CO2 GAS UNIT</b>
<b>3. Address of Operator</b> <b>P.O. Box 303, AMISTAD, NEW MEXICO 88410</b>			
<b>4. Well Location</b> Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>27</b> Township <b>24N</b> Range <b>313</b> NMPM <b>UNION</b> County			
<b>10. Elevation</b> (Show whether DF, RKB, RT, GR, etc.) <b>5658 GR</b>			

<b>11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</b>			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>	

12 Describe Proposed or Completed Operations SEE RULE 1103.				
(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)				
YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	9/27	0	0	
1991	9/23	0	0	
1992	9/17	0	0	
1993	6/8	0	0	
1994	7/12	0	0	
1995				
1996	6/6	0	0	
1997	9/4	0	0	
1998	6/4	0	0	
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 9/2/98

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)  
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/15/98

CONDITIONS OF APPROVAL, IF ANY: