State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

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

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

| WELL API NO. |
| 30-059-20263 |

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

8. Well No.
2234-141F

2. Name of Operator
Amoco Production Company

3. Address of operator
P.O. Box 606,   CLAYTON,   NEW MEXICO 88415

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location
Unit Letter ___F___ : ___1650___ Feet From The ___NORTH___ Line and ___2310___ Feet From The ___WEST___ Line

Section ___14___   Township ___22N___   Range ___34E___   NMPM   UNION   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4797 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 WELL)___ ☐

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	OCT. 26	325#	0	
1991	OCT. 9	315#	0	
1992	SEPT. 17	315#	0	
1993	JUNE 10	315#	0	
1994	June 24	310	0	
1995				
1996				
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 _7-18-94_

TYPE OR PRINT NAME   M.L. CLAY   TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY _____   TITLE ___DISTRICT SUPERVISOR___ DATE _8-24-94_

CONDITIONS OF APPROVAL, IF ANY: