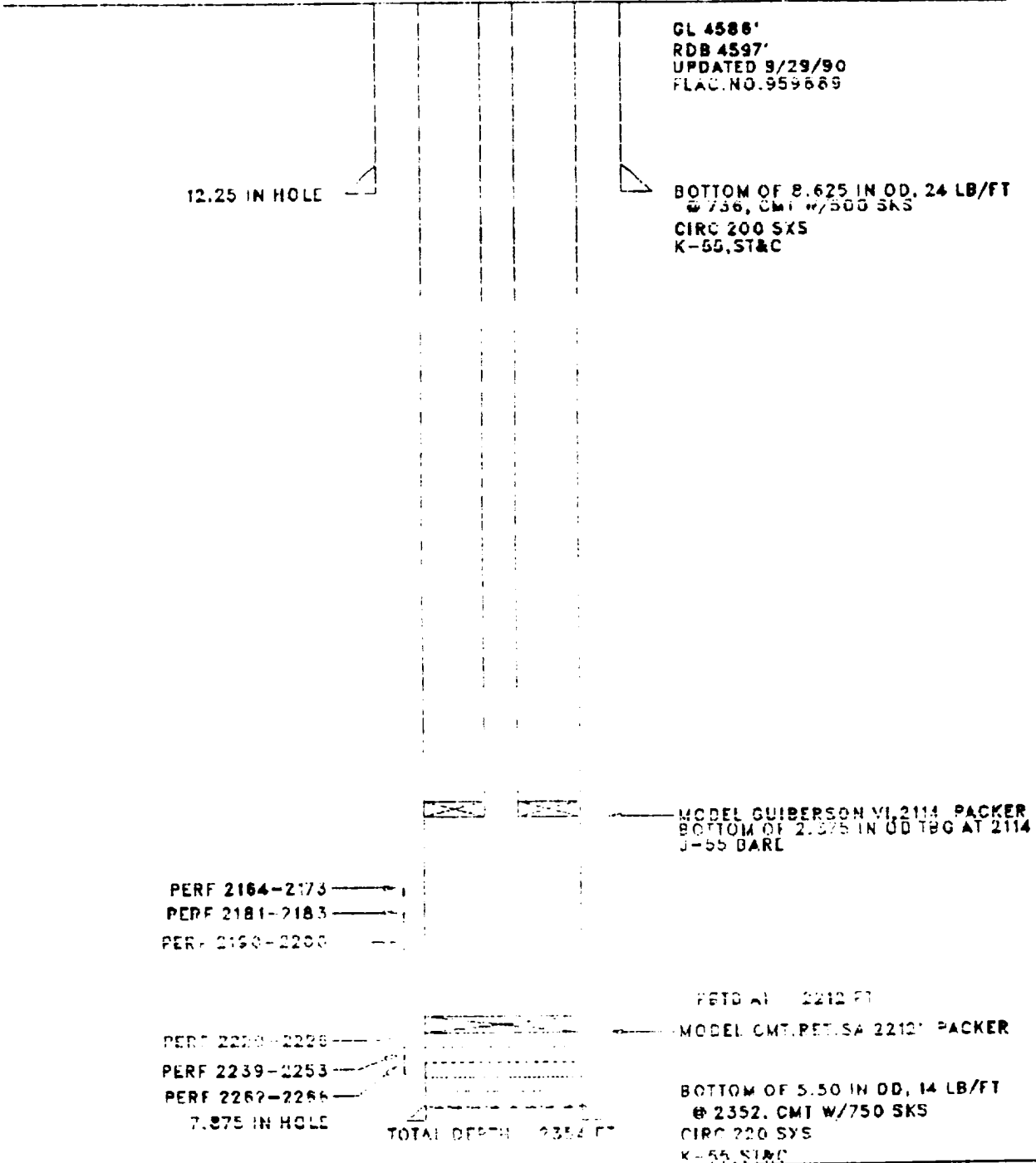


**BDCDGU WELL 1931-191 J**  
**STATE KV NO.1 30-021-20071**  
**1980' FSL X 1980' FEL, SEC 19, T-19-N, R-31-E**  
**HARDING COUNTY, NEW MEXICO**



GL 4588'  
 RDB 4597'  
 UPDATED 9/29/90  
 FLAC. NO. 959689

12.25 IN HOLE

BOTTOM OF 8.625 IN OD, 24 LB/FT  
 @ 736, CMT W/500 SKS  
 CIRC 200 SXS  
 K-55, ST&C

MODEL GUIBERSON VI, 2114 PAKER  
 BOTTOM OF 2.875 IN OD TBG AT 2114  
 J-55 BARE

PERF 2164-2173  
 PERF 2181-2183  
 PERF 2190-2200

PETD AT 2212 FT

MODEL CMT. PET. SA 2212' PAKER

PERF 2228-2228  
 PERF 2239-2253  
 PERF 2262-2266

BOTTOM OF 5.50 IN OD, 14 LB/FT  
 @ 2352, CMT W/750 SKS  
 CIRC 220 SXS  
 K-55, ST&C

7.875 IN HOLE

TOTAL DEPTH 2354 FT

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

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

WELL API NO.  
30-021-20071

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.)

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

2. Name of Operator  
Amoco Production Company

3. Address of Operator  
P. O. Box 3092; Houston, TX 77253

4. Well Location  
Unit Letter J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
Section 19 Township T19N Range R31E NMPM HARDING County

7. Lease Name or Unit Agreement Name  
Bravo Dome Carbon Dioxide Gas Unit

8. Well No.  
1931-191J

9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit

640 Acre Area

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
4586.3

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 (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	JUNE 27	520#	0	
1991				
1992				
1993				
1994				
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 C.M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 12/10/90  
TYPE OR PRINT NAME C.M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 1-3-91

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR TEMPORARY ABANDONMENT STATUS EXPIRES 6-27-91