

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
P.O. Box 2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-021-20073

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
BRAVO DOME CO2 GAS UNIT

8. Well No.  
1831-221G

9. Pool name or Wildcat  
BRAVO DOME CO2 GAS UNIT

**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  OTHER CO2

2. Name of Operator  
Amoco Production Company

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

4. Well Location  
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 22 Township 18N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4475 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   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
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	JUNE 22	500#	0	
1991	JUNE 17	500#	0	
1992	JUNE 16	490#	0	
1993	MAY 25	490#	0	
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 M. L. Clay TITLE \_\_\_\_\_ FIELD TECH. \_\_\_\_\_ DATE 10-4-93

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

(This space for State Use)  
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 10-18-93

CONDITIONS OF APPROVAL, IF ANY: