

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

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.	30-021-20083
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	BRAVO DOME CO2 GAS UNIT
8. Well No.	1930-091J
9. Pool name or Wildcat	BRAVO DOME CO2 GAS UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4527 GR

**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 J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
Section 9 Township 19N Range 30E NMPM HARDING County

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>YEARLY BRADENHEAD TEST (TA WELL)</u> <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	585#	0	
1991	JUNE 19	585#	0	
1992	JUNE 16	570#	0	
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 M. L. Clay TITLE FIELD TECH DATE 10-29-92

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

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 11-10-92

CONDITIONS OF APPROVAL, IF ANY