

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
OIL CONSERVATION DIVISION
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1800 Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-021-20087
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. 1930-331F
9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4430 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 F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 33 Township 19N Range 30E NMPM HARDING County

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: _____ <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: _____ YEARLY BRADENHEAD TEST (TA WELL) <input type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
---	--	--

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	545#	0	
1991	JUNE 19	545#	0	
1992	JUNE 16	530#	0	
1993	MAY 26	530#	0	
1994	JUNE 2	530#	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 7-13-94

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

(This space for State Use)

APPROVED BY Ry Johnson TITLE _____ DISTRICT SUPERVISOR DATE 7-15-94

CONDITIONS OF APPROVAL, IF ANY: