

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.<br>30-021-20089                                                             |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                             |
| 7. Lease Name or Unit Agreement Name<br>BRAVO DOME CO2 GAS UNIT                          |
| 8. Well No.<br>1931-021G                                                                 |
| 9. Pool name or Wildcat<br>BRAVO DOME CO2 GAS UNIT                                       |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4568 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<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2                                  |
| 2. Name of Operator<br>Amoco Production Company                                                                                                            |
| 3. Address of operator<br>P.O. Box 606, CLAYTON, NEW MEXICO 88415                                                                                          |
| 4. Well Location<br>Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line<br>Section 2 Township 19N Range 31E NMPM HARDING County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4568 GR                                                                                              |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

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 29   | 490#            | 0               |                 |
| 1991 | JUNE 19   | 490#            | 0               |                 |
| 1992 | JUNE 17   | 485#            | 0               |                 |
| 1993 | MAY 27    | 485#            | 0               |                 |
| 1994 | JUNE 2    | 465#            | 0               |                 |
| 1995 | JUNE 30   | 470#            | 0               |                 |
| 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 8-16-95  
TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry Johnson DISTRICT SUPERVISOR DATE 8-24-95  
CONDITIONS OF APPROVAL, IF ANY: