

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

WELL API NO.  
30-021-20092

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

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease  
STATE  FEE

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

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.)

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

1. Type of Well  
OIL WELL  GAS WELL  OTHER CO2

8. Well No.  
1932-071F

2. Name of Operator  
AMOCO PRODUCTION COMPANY

3. Address of Operator  
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat  
BRAVO DOME CO2 GAS UNIT

4. Well Location  
Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 7 Township 19N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4594.1 GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <u>Yearly Dradeneed 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	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/22	435#	0	
1991	6/11	440#	0	
1992	6/11	430#	0	
1993	5/27	430#	0	
1994	5/27	430#	0	
1995				
1996	5/24	430#	0	
1997	8/21	430#	0	
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 8/8/97

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3068

(This space for State Use)  
APPROVED BY Ry Ephem TITLE DISTRICT SUPERVISOR DATE 9-15-97

CONDITIONS OF APPROVAL, IF ANY: