

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

Submit 3 Copies  
to Appropriate  
District Office

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. 30-021-20092
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. 1932-071F
9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4595.1 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>7</u> Township <u>19N</u> Range <u>32E</u> NMPM <u>HARDING</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4595.1 GR

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"/>	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 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 22	435#	0	
1991	JUNE 11	440#	0	
1992	JUNE 11	430#	0	
1993	MAY 27	430#	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. S. 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: