

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  
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-021-20099
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
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 Carbon Dioxide Gas Unit
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1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER
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8. Well No. 2031 361G
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2. Name of Operator Amoco Production Company
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9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit
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3. Address of Operator P. O. Box 3092; Houston, TX 77253
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4. Well Location Unit Letter <u>G</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>T20N</u> Range <u>R31E</u> NMPM <u>HARDING</u> County
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10. Elevation (Show whether DP, RKB, RT, GR, etc.) 4616
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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: Yearly Bradenhead Test (TA Well) <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	06/29	470#	0	
1991	06/19	470#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
TEMPORARY ABANDONMENT STATUS EXPIRES 6-19-92

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mary Corley TITLE STAFF ADMIN ANALYST DATE 7/1/91  
 TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 7-10-91  
 CONDITIONS OF APPROVAL, IF ANY:

F CDGU WELL NO.2031-361 G  
 STA KG NO.1 API NO.30-021-2099  
 1980'FN X 1980'FEL,SEC.36,T-20-N,R-31-E  
 BORDING COUNTY NEW,MEXICO

12.25 IN HOLE

QL 4616 FT  
 RDB 4829 FT  
 UPDATED 09/24/91  
 FLAG:NO.801028

BOTTOM OF B. 829 IN OD. 24.0 LB/FT  
 712 CMT W/500 SKS  
 CIRC.42 SKS  
 K-35,STAC

MODEL GUL9,UNI-VL2107 PACKER  
 BOTTOM OF 2.375 IN OD TAG AT 2107  
 1.05 IN HOLE

PERF 2141-2150  
 PERF 2152-2166  
 PERF 2178-2186  
 PERF 2198-2210  
 WITH 2 JSPP  
 PERF 2210-2220  
 PERF 2224-2233  
 PERF 2236-2238  
 WITH 2 JSPP

PBTD AT 2248 FT

7.875 IN HOLE

TOTAL DEPTH 2280 FT

BOTTOM OF 5.50 IN OD, 14.0 LB/FT  
 2289, CMT W/1000 SKS  
 CIRC.200 SKS  
 K-55,STAC