

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.
30-021-20207

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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

8. Well No.
1731-161G

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

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 G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 16 Township 17N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4330 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 21	0	0	
1991	JUNE 17	0	0	
1992	JUNE 12	0	0	
1993	MAY 19	0	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.L. 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 10-20-93
CONDITIONS OF APPROVAL, IF ANY: