

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>30-059-20099                                                             |
| 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>2134-021F                                                                 |
| 9. Pool name or Wildcat<br>BRAVO DOME CO2 GAS UNIT                                       |

|                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>(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 <input type="checkbox"/>                                                           |  |
| 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 F : 1980 Feet From The NORTH Line and 1680 Feet From The WEST Line<br>Section 2 Township 21N Range 34E NMPM UNION County                                                     |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4670 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"/> | REMEDIAL WORK <input type="checkbox"/>                           |
| TEMPORARILY ABANDON <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>                         |
| PULL OR ALTER CASING <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/>                 |
| OTHER: <input type="checkbox"/>                | PLUG AND ABANDONMENT <input type="checkbox"/>                    |
|                                                | CASING TEST AND CEMENT JOB <input type="checkbox"/>              |
|                                                | OTHER: YEARLY BRADENHEAD TEST (TA WELL) <input 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 | OCT. 26   | 325#            | 0               |                 |
| 1991 | OCT. 9    | 315#            | 0               |                 |
| 1992 | SEPT. 17  | 315#            | 0               |                 |
| 1993 | JUNE 3    | 315#            | 0               |                 |
| 1994 | July 12   | 315             | 0               |                 |
| 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 7-18-94  
TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY

Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

8-4-94

CONDITIONS OF APPROVAL, IF ANY: