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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-059-20253

5. Indicate Type of Lease STATE ☐ FEE ☐

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

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
2233-191G

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 G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 19 Township 22N Range 33E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4980 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Yearly Bradenhead Test (TA Well)			X

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	9/27	325#	0	
1991	9/20	315#	0	
1992	9/16	320#	0	
1993	6/7	320#	0	
1994	7/14	315#	0	
1995				
1996	6/9	310#	0	
1997	4/14	310#	0	
1998	6/11	300#	0	
1999	7/10	290#	0	
2000	7/13	290#	0	

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 8/21/00

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 8/25/00

CONDITIONS OF APPROVAL, IF ANY: