

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. 30-059-20261
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.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER C02	7. Lease Name or Unit Agreement Name Bravo Dome C02 Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2332-241K
3. Address of Operator P. O. Box 606, Clayton, NM 88415	9. Pool name or Wildcat Bravo Dome C02 Gas Unit
4. Well Location Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 24 Township 23N Range 32E NMMPM UNION County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5330 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Yearly Bradenhead Test (TA Wells) ☒

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	SEPT. 27	305 #	Ø	
1991	SEPT. 20	300 #	Ø	
1992	SEPT. 17	305 #	Ø	
1993	JUNE 8	300 #	Ø	
1994	July 12	300 #	Ø	
1995	Aug. 4	300 #	Ø	
1996	JUNE 4	300 #	Ø	
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 9-4-96
TYPE OR PRINT NAME M. L. Clay TELEPHONE NO. 505-374-3058

(This space for State Use)

APPROVED BY Ry E. [Signature] DISTRICT SUPERVISOR DATE 9-16-96
CONDITIONS OF APPROVAL, IF ANY: