| P.O. Box 2088  3.04.012-7200779  SINDETRICTI  Sants Fc, New Mission 87594-2088  S. Indicate Type of Lesses STATE  6. State Oil & Guess No.  SUBSTRICTI  SUDDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THE FORM FOR PROPOSALS TO DIRLL OR TO DEEPEN OR PLUIG MOK TO A DIFFERENT RESERVOIR. USE PAPELCATION FOR FEMALY  (PON OT USE THE FORM FOR PROPOSALS TO DIRLL OR TO DEEPEN OR PLUIG MOK TO A DIFFERENT RESERVOIR. USE PAPELCATION FOR FEMALY  (PON OT USE THE FORM FOR PROPOSALS TO DIRLL OR TO DEEPEN OR PLUIG MOK TO A DIFFERENT RESERVOIR. USE PAPELCATION FOR FEMALY  (PON OT USE THE FORM FOR THE PAPEL OR PLUIG MOK TO A DIFFERENT RESERVOIR. USE PAPELCATION FOR FEMALY  (PON OT USE THE FORM FOR THE PAPEL OR PLUIG MOK TO A DIFFERENT RESERVOIR. USE PAPELCATION FOR FEMALY  (PON OT USE THE FORM FOR THE PAPEL OR PLUIG MOK TO A DIFFERENT RESERVOIR. USE PAPELCATION FOR FEMALY  (PON OT USE PAPELCATION FOR THE PAPEL OR PLUIG MOK TO A THE PAPEL OR PAPEL OR PAPEL  (PON OT USE PAPEL OR PAPEL  (PON OT USE PAPEL OR PAPEL OR PAPEL  (PON OT USE PAPEL  (PON OT USE PAPEL OR PAPEL  (PON OT USE PAPEL OR PAPEL  (PON OT USE PAPEL   | Submit 3 Copies<br>to Appropriate<br>District Office                             | Appropriate Energy, Mineral |                         |                   | tate of New Mexico<br>and Natural Resources Department |                |                                      | Form C-103<br>Revised 1-1-89   |  |  |
|--|--|-----------------------------|-------------------------|-------------------|--|----------------|--------------------------------------|--|--|--|
| PRIL Develop D. Astella, N.M. 83216  SUNDIFICATION  TO DESPEND ON WELLS  (CON NOT USE THIS FORM FOR PROPOSALS) TO DRILL ON TO DESPEND ON PAULO BLOCK TO A DIFFERENT RESPONDE USE APPLICATION FOR PERSON  FRANCO DOME CO2 GAS UNIT  SUNDIFICATION  FRANCO DOME CO2 GAS UNIT  SUNDIFICATION  SUNDIFICATION  FRANCO DOME CO2 GAS UNIT  SUNDIFICATION  SUNDIFICATION  FRANCO DOME CO2 GAS UNIT  FRANCO DOME CO2 GAS UNIT  SUNDIFICATION  FRANCO DOME CO2 GAS UNIT  FRA | <u>DISTRICT I</u><br>P.O. Box 1980, Hobbs, 1                                     | NM 88240                    |                         |                   |  | 1              |                                      |  |  |  |
| SEAN FROM PRINT PROJECT OF INTENTION TO:   | DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210    |                             |                         |                   |  |                |                                      |  |  |  |
| (DO NOT USE THE FORM FOR PROPOSALS TO DRILL ON TO DEFERNOR PLUG BLOCK TO A DIFFERENT RESERVOR. USE "PULLCATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Worl  ONE.   | DISTRICT III  6. State Oil & Gas Lease No.  1000 Rio Brazos Rd., Aztec, NM 87410 |                             |                         |                   |  |                |                                      |  |  |  |
| ETYPE OF WELL  WELL  OTHER  CO2  EN MEDIT OF PRINTE  OCY USA Inc.  S. WELL No.  1830-021F  9. Pool name or Wildcatt  PO. Box 503, AMISTAD. NEW MEXICO 88410  FOR From The  IDENTIFY OF PRINTE  IDENTIFY OF PRI | (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A      |                             |                         |                   |  |                | 7. Lease Name or Unit Agreement Name |  |  |  |
| Control of Compensary  Control of Contr | 1. Tues of Well  | (FOR                        | M C-101) FOR SUCH PRO   | POSALS.)          |  | <del>/</del>   | BEAVO DOME CO                        | DO CAS LINIT   |  |  |
| S. Address of Operators   P.O. Box 303, AMISTAD.   NEW MEXICO   S8410   S. Pool name or Wildcatt   P.O. Box 303, AMISTAD.   NEW MEXICO   S8410   P.O. Box 304, AMISTAD.   NEW MEXICO   S8410   P.O. Box 305, AMISTAD.   NEW MEXICO   S8410   P.O. Box 305, AMISTAD.   NEW MEXICO   P.O. Box 305, AMISTAD.   NEW MEXICO   P.O. Box 305, AMISTAD.   P   | OIL  |                             |                         | OTHER             | CO2  |                | BHAVO DOME CO                        | J2 GAS UNIT  |  |  |
| 2. Notification  | 2. Name of Operator  |                             |                         |                   |  | <del></del>    | <b>.</b>                             |  |  |  |
| P.O. Box 303, AMISTAD.   NEW MEXICO   88410   BRAVO DOME CO2 GAS UNIT  |  | A Inc.                      |                         |                   |  |                |                                      | \  |  |  |
| Unit Later   F   1980   Feet From The   North   Line and 1980   Feet From The   Woul   Line  | ·  |                             |                         |                   |  |                |                                      |  |  |  |
| Section 2 Township INN Range 30E NMPM Harding Country    10. Elevation (Show whether DF, RRE, RT, GR, RC.)   |  | F : 1980                    | Feet From The           | North             | Line and   | 1980           | Feet From The                        | West Line  |  |  |
| 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 CHANGE PLANS COMMENCE DRILLING OPNS. COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. COMMENCE DRILLING |  | 2                           |                         |                   |  |                | <del></del>                          |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER:  OTHER:  OTHER:  CASING TEST AND CEMENT JOB OTHER:  CASING TEMENT JOB OTHER:  CASING TEMENT JOB OTHER:  CASING TEMENT JOB OTHE |  |                             | 10. Elev                | •                 |  | . etc.)        |                                      | The state of the s |  |  |
| PERFORM REMEDIAL WORK  |  |                             |                         |                   |  |                |                                      |  |  |  |
| Commence Drilling OPNS   | ,  | NOTICE OF IN                | TENTION TO:             |                   | }  | SUBSE          | EQUENT REPORT                        | OF:  |  |  |
| CASING TEST AND CEMENT JOB  OTHER:  OTHER: Yearly Braderhead Test (TA Well)  X  12. Describe Proposed or Completed Operations SEE RULE 1103.  YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 6/27 570# 0 1991 6/19 570# 0 1992 6/16 560# 0 1992 6/16 560# 0 1994 6/2 560# 0 1995 6/9 560# 0 1996 5/23 560# 0 1996 5/23 560# 0 1997 4/15 560# 0 1998 7/22 550# 0 1998 7/22 550# 0 1999 6/22 550# 0 1999 6/22 550# 0 2000 8/1 550# 0 2000 1/8 545# 0 2001 1/8 545# 0 2002 6/18 545# 0 2003 8/12 545# 0  This space for State Use)  This space for State Use)  TILLE DISTRICT SUPERVISOR  DATE 9/25/D3   | PERFORM REMEDIA  | L WORK                      | PLUG AND ABANDON        |                   | REMEDIAL W   | ORK            | ALTI                                 | ERING CASING   |  |  |
| Complete   Completed Operations   Colearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)  | TEMPORARILY ABAN   | NDON                        | CHANGE PLANS            |                   | COMMENCE   | DRILLING OPNS. | PLU                                  | G AND ABANDONMENT  |  |  |
| 12 Describe Proposed or Completed Operations   (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)   |  |                             |                         |                   |  |                |                                      |  |  |  |
| YEAR   MONTH/DAY   TBG, PRESS   CSG, PRESS   BLEED DOWN TIME     1990   6/27   570#   0     1991   6/19   570#   0     1992   6/16   560#   0     1993   5/25   560#   0     1994   6/2   560#   0     1995   6/9   560#   0     1996   5/23   560#   0     1997   4/15   560#   0     1998   7/22   550#   0     1999   6/22   550#   0     2000   8/1   550#   0     2001   1/8   545#   0     2002   6/18   545#   0     2003   8/12   545#   0   | OTHER: Yearly Bradenhead Test (TA Well)  |                             |                         |                   |  |                |                                      | ×  |  |  |
| 1990 6/27 570# 0 1991 6/19 570# 0 1992 6/16 560# 0 1993 5/25 560# 0 1994 6/2 560# 0 1995 6/9 560# 0 1996 5/23 560# 0 1997 4/15 560# 0 1998 7/22 550# 0 1999 6/22 550# 0 2000 8/1 550# 0 2000 8/1 550# 0 2001 1/8 545# 0 2002 6/18 545# 0 2002 6/18 545# 0 2003 8/12 545# 0  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  This space for State Use)   |  |                             |                         |                   |  |                |                                      |  |  |  |
| 1991 6/19 570# 0 1992 6/16 560# 0 1993 5/25 560# 0 1994 6/2 560# 0 1995 6/9 560# 0 1996 5/23 560# 0 1997 4/15 560# 0 1998 7/22 550# 0 1999 6/22 550# 0 2000 8/1 550# 0 2001 1/8 545# 0 2002 6/18 545# 0 2003 8/12 545# 0 1004 Analyst DATE 8/21/03  The PRINT NAME M. L. CLAN This space for State Use)  This space for State Use)  This space for State Use)  This STATE DISTRICT SUPERVISOR  DATE 9/5/03   | YEAR M   | ONTH/DAY                    | TBG. PRESS.             | CSG. PF           | RESS. BLEI   | ED DOWN T      | TME                                  |  |  |  |
| 1992 6/16 560# 0 1993 5/25 560# 0 1994 6/2 560# 0 1995 6/9 560# 0 1996 5/23 560# 0 1997 4/15 560# 0 1998 7/22 550# 0 1999 6/22 550# 0 2000 8/1 550# 0 2001 1/8 545# 0 2002 6/18 545# 0 2003 8/12 545# 0  Third DISTRICT SUPERVISOR  DATE 8/21/03  TELEPHONE NO. (505) 374-3058   |  |                             |                         | 0                 |  |                |                                      |  |  |  |
| 1993 5/25 560# 0 1994 6/2 560# 0 1995 6/9 560# 0 1996 5/23 560# 0 1997 4/15 560# 0 1998 7/22 550# 0 1999 6/22 550# 0 2000 8/1 550# 0 2000 8/1 550# 0 2001 1/8 545# 0 2002 6/18 545# 0 2002 6/18 545# 0 2003 8/12 545# 0  Third Well Analyst DATE 8/21/03  Third space for State Use)  This space for State Use)  Third DISTRICT SUPERVISOR DATE 9/5/33   |  |                             |                         | _                 |  |                |                                      | 1 1  |  |  |
| 1994   |  |                             |                         | Ĭ                 |  |                |                                      | 1 1  |  |  |
| 1995 6/9 560# 0 1996 5/23 560# 0 1997 4/15 560# 0 1998 7/22 550# 0 1999 6/22 550# 0 2000 8/1 550# 0 2001 1/8 545# 0 2002 6/18 545# 0 2003 8/12 545# 0 2003 8/12 545# 0 Thereby certify that the information above is true and complete to the best of my knowledge and belief.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  This space for State Use M. L. CLAND  THE Well Analyst  TITLE Well Analyst  TITLE DISTRICT SUPERVISOR  DATE 9/5/03  |  |                             |                         | _                 |  |                |                                      | ] ]  |  |  |
| 1996   |  |                             |                         | _                 |  |                |                                      |  |  |  |
| 1997   |  |                             |                         | _                 |  |                |                                      |  |  |  |
| 1998   |  |                             |                         | Ö                 |  |                |                                      | 1 1  |  |  |
| 2000 8/1 550# 0 2001 1/8 545# 0 2002 6/18 545# 0 2003 8/12 545# 0  Thereby certify that the Information above is true and complete to the best of my knowledge and belief.  TITLE Well Analyst DATE 8/21/03  TYPE OR PRINT NAME M. L. CLAY TITLE DISTRICT SUPERVISOR  DATE 9/5/03  | 1 1  |                             |                         | 0                 |  |                |                                      | 1 1  |  |  |
| 2001 1/8 545# 0 2002 6/18 545# 0 2003 8/12 545# 0  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  TITLE Well Analyst DATE 8/21/03  TYPE OR PRINT NAME M. L CLAY  TITLE DISTRICT SUPERVISOR  DATE 9/5/03  TITLE DISTRICT SUPERVISOR  DATE 9/5/03  |  |                             | 550#                    | 0                 |  |                |                                      | j j  |  |  |
| 2002 6/18 545# 0  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE TITLE Well Analyst DATE 8/21/03  TYPE OR PRINT NAME M. L. CLUM  THE DISTRICT SUPERVISOR  DATE 9/5/03  TITLE DISTRICT SUPERVISOR  TITLE DISTRICT SUPERVISOR  | 1 <b>P</b>   |                             |                         | 0                 |  |                |                                      | 1 1  |  |  |
| 2003 8/12 545# 0  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  THE Well Analyst  THE Well Analyst  THE PHONE NO. (505) 374-3058  THIS SPACE FOR State Use)  TITLE DISTRICT SUPERVISOR  DATE 9/5/03   |  |                             |                         | _                 |  |                |                                      |  |  |  |
| hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  |  |                             |                         | -                 |  |                |                                      | 1 1  |  |  |
| TITLE WEIL ANALYST  TOTALE DISTRICT SUPERVISOR  DATE 8/21/03  TELEPHONE NO. (505) 374-3058  THIS SPACE FOR State Use)  TITLE DISTRICT SUPERVISOR  DATE 9/5/03  | 2003   | 8/12                        | 545#                    | O                 |  |                |                                      |  |  |  |
| TITLE WEIL ANALYST  TOTALE DISTRICT SUPERVISOR  DATE 8/21/03  TELEPHONE NO. (505) 374-3058  THIS SPACE FOR State Use)  TITLE DISTRICT SUPERVISOR  DATE 9/5/03  | I hereby certify that the  | e Information should in     | rue and complete to the | nest of my knowle | doe and helief   |                |                                      |  |  |  |
| This space for State Use)  APPROVED BY  TITLE DISTRICT SUPERVISOR  DATE 9/5/03   | SIGNATURE  | I Clan                      |                         |                   |  |                | DATE                                 | 8/21/03  |  |  |
|  | TYPE OR PRINT NAME   | M. L. CLAN                  |                         |                   |  |                | TELEPHON                             | IE NO. (505) 374-3058  |  |  |
| CONDITIONS OF APPROVAL, IF ANY:  | (This space for State I<br>APPROVED BY   | (Se) /2                     | lopun                   | DITLE             | ISTRICT S  | UPERVI         | SOR DATE                             | 9/5/03   |  |  |
|  | CONDITIONS OF APPRO  | DVAL, IF ANY:               |                         |                   |  |                |                                      |  |  |  |