

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., Artesia, NM 87410

AM 8 35

WELL API NO.	30-021-20024
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

7. Lease Name or Unit Agreement Name	BRAVO DOME CO2 GAS UNIT
8. Well No.	2031-231D
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 D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 23 Township 20N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4710 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: YEARLY BRADENHEAD TEST (TA WELL) <input checked="" 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	JUNE 29	495#	0	
1991	JUNE 19	500#	0	
1992	JUNE 11	485#	0	
1993	MAY 28	485#	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 10-14-93

CONDITIONS OF APPROVAL, IF ANY: