

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. 30-021-20030

Indicate Type of Lease STATE [ ] FEE [ ]

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT

8. Well No. 1932-341K

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 K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 34 Township 19N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4630.5 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ] TEMPORARILY ABANDON [ ] CHANGE PLANS [ ] PULL OR ALTER CASING [ ] OTHER: [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ] ALTERING CASING [ ] COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ] CASING TEST AND CEMENT JOB [ ] OTHER: YEARLY BRADENHEAD TEST (TA WELL) [ ]

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.

Table with columns: YEAR, MONTH/DAY, TUBING PRESSURE, CASING PRESSURE, BLEED DOWN TIME. Rows for years 1990-2000.

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 6-27-95 TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 7-27-95 CONDITIONS OF APPROVAL, IF ANY