

Submit 3 Copies
to Appropriate
District Office

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. 30-021-20055 |
| 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. 2032-041K |
| 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>20N</u> Range <u>32E</u> NMPM <u>HARDING</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4766.50 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| CHANGE PLANS <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 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 | 330# | 5# | 15 SEC. |
| 1991 | JUNE 19 | 335# | 0 | |
| 1992 | JUNE 17 | 330# | 0 | |
| 1993 | MAY 28 | 330# | 0 | |
| 1994 | JUNE 2 | 330# | 0 | |
| 1995 | JUNE 30 | 330# | 0 PUFF | |
| 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 8-16-95

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

(This space for State Use)

APPROVED BY Ry Johnson TITLE DISTRICT SUPERVISOR DATE 9-12-95

CONDITIONS OF APPROVAL, IF ANY: