

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

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

**WELL API NO.**  
 30-021-20072

**5. 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.**  
 1831-121F

**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 EXPLORATION AND PRODUCTION COMPANY

**3. Address of Operator**  
 P.O. Box 303, AMISTAD, NEW MEXICO 88410

**4. Well Location**  
 Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line  
 Section 12 Township 18N Range 31E NMPM Harding County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
 4458.3

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/22	470#	0	
1991	6/17	475#	0	
1992	6/16	460#	0	
1993	5/25	460#	0	
1994	5/27	460#	0	
1995	6/9	460#	0	
1996	5/23	460#	0	
1997	5/21	460#	0	
1998	7/22	460#	0	
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 8/26/98

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

(This space for State Use)  
 APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/16/98

CONDITIONS OF APPROVAL, IF ANY: