

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.**  
30-021-20083

**5. Indicate Type of Lease**  
STATE  FEE

**6. State Oil & Gas Lease No.**

**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.)

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

**1. Type of Well**  
OIL WELL  GAS WELL  OTHER CO2

**8. Well No.**  
1930-091J

**2. Name of Operator**  
AMOCO EXPLORATION AND PRODUCTION COMPANY

**9. Pool name or Wildcat**  
BRAVO DOME CO2 GAS UNIT

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

**4. Well Location**  
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line  
Section 9 Township 19N Range 30E NMPM Harding County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
4527 GR

**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	6/27	585#	0	
1991	6/19	585#	0	
1992	6/16	570#	0	
1993	5/26	570#	0	
1994	6/2	565#	0	
1995	6/28	565#	0	
1996	5/23	565#	0	
1997	4/15	565#	0	
1998	7/22	565#	0	
1999	6/22	560#	0	
2000				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. J. Clay TITLE Field Tech. DATE 8/2/99

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

(This space for State Use)  
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8/20/99

CONDITIONS OF APPROVAL, IF ANY: