

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.
 30-021-20096

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.)

1. Type of Well
 OIL WELL GAS WELL OTHER CO2

2. Name of Operator *
 AMOCO PRODUCTION COMPANY

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

4. Well Location
 Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
 Section 27 Township 20N Range 31E NMPM HARDING County

8. Well No.
 2031-271G

9. Pool name or Wildcat
 BRAVO DOME CO2 GAS UNIT

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4630 GR

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/></p>
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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	6/29	500#	0	
1991	6/19	500#	0	
1992	6/17	490#	0	
1993	5/28	490#	0	
1994	6/2	490#	0	
1995	6/30	490#	0	
1996	6/3	490#	0	
1997	7/8	490#	0	
1998	8/27	490#	0	
1999	6/22	480#	0	
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 8/31/99

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

(This space for State Use)
 APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 9/13/99

CONDITIONS OF APPROVAL, IF ANY: