Submit 3 Copies to Appropriate District Office	I	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	0	OIL CONSERVATION DIVISION P.O. Box 2088						WELL API NO. 30-021-21027			
DISTRICT II P.O. Drawer DD, Artesia, NM 88.	210	Santa Fe, New Mexico 87504-2088					5. Indicate Type of Lease STATE FEE				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410						6. State C	Oil & Gas L	ease 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"							7. Lease Name or Unit Agreement Name				
1. Type of Well	(FORM (	C-101) FOR SUCH PRO	POSALS.)				BRAN	/O DOME C	:02 GAS UNIT		
2. Name of Operator	WELL		OTHER	CO2			8. Well No				
AMOCO PRODUCTION COMPANY  3. Address of Operator							9. Pool name or Wildcat				
	AMISTAD,	MISTAD, NEW MEXICO 88410						BRAVO DOME CO2 GAS UNIT			
4. Well Location Unit Letter A	: 660	Feet From The			Line and	990		eet From The	North	Line	
Section 2		Township10. Eleva	21N ation (Show)	Range whether DF,	RKB, RT, GR, etc	c.)	?M .	Harding		County	
II.  NOTIC  PERFORM REMEDIAL WORK	CE OF INTE	ppropriate Box				SUBSE		REPORT	OF:		
TEMPORARILY ABANDON PULL OR ALTER CASING	NDON CHANGE PLANS				COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB					NMENT X	
OTHER:					THER:	ND CEMILINA	JOB L				
12. Describe Proposed or Complete SEE RULE 1103.	d Operations	(Clearly state	all pertinent det	tails, and giv	ve pertinent dat	tes, including e	estimated date	e of starting ar	ny proposed work	<u> </u>	
10/12/99 MIRUSU 10/13/99 Kill well with fresh wa 2270'. Run 2 3/8" wo casing to 500 psi, ok	orkstring ar	nd tag CIBP at 2	270', displa	ace casi	ing with fre	sh water a	and corros	sion inhibi	itor, pressu	re test	
cement from 1928' - crew days off.		workstring to 30	, spot 5 sa	acks of c	ement fron	m 30' - 3',	NDBOP,	RD MOSI	U, shut dow	n for	
Cut off wellhead, inst	:all PXA ma	irker, cut off wel	l anchors a	and clea	n location.				,		
I hereby certify that the information	n bove is true follown	1/	est of my knowle	edge and be			<del></del>	DATE	10/25/99		
TYPE OR PRINT NAME Dans	y J. Holcomb	<u> </u>						TELEPHONE		74-3010	
(This space for State Use APPROVED BY CONDITIONS OF APPROVAL, IF ANY	12/01	hum	TITLE	MOIN		JPERVI		DATE 6	2/10/00	)	