Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		-	Actiscu 1-1-07
DISTRICT I	OIL CONSERVATIO	N DIVISION	
P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088			WELL API NO.
DISTRICT II Santa Fe. New Mexico 87504-2088		30-021-20118 5. Indicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210			STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
			L 5853
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
(FORM C-101) FOR SUCH PROPOSALS.)			WEST BRAVO DOME CSG UNIT
1. Type of Well:			THEST BIOWED BOILE COOL OWIT
OIL GAS WELL	other CO2	SUPPLY WELL	
2. Name of Operator			8. Well No.
Amerada Hess Corporatio	<u>n</u>		6
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 840, Seminole	, lexas /9360-0840		WEST BRAVO DOME
4. Well Location Unit Letter G: 1980	Feet From The NORTH	Line and19	80 Feet From The EAST Line
Section 6	Township 18N R	ange 30E	NMPM HARDING COURTY
Section	10. Elevation (Show wheth		
		4442'	
11. Check App	ropriate Box to Indicate	Nature of Notice,	Report, or Other Data
NOTICE OF IN			SSEQUENT REPORT OF:
اتا			
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	L ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	<del></del>
OTHER:		OTHER:	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent del	tails, and give pertinent da	tes, including estimated date of starting any proposed
work, SBE ROLL 1103.			
WEST BRAVO DOME CDG UNIT	#6		
MIRU PULLING UNIT. FRAC TUBB FORMATION AND RUN 144 HR FLOW TEST. RUN POLYLINER TO CIMMARRON ANHYDRITE. RDMO PULLING UNIT AND CLEAN LOCATION.			
ANTIDRITE. RUMO POLLING UNIT AND CLEAN LOCATION.			
I hereby certify that the information above is true	and complete to the best of my knowledg	e and belief.	
SIGNATURE ( J. A.	W	LE SR. STAFF ASSIS	TANT 00 (05 (07
SIGNATURE ,	19 m	LE JR. STAFF ASSIS	DATE 08/25/97
TYPE OR PRINT NAME TERRY L. HARVE			TELEPHONE NO. 915 758-6778
(This space for State Use)			
( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/	DISTRICT S	UPERVISOR 9-7-97
APPROVED BY 54	the m		DATE 9-1-97
CONDITIONS OF APPROVAL, IF ANY:			