State of New Mexico

Form C-103

DeSato 2000 1.0

Energy, Minerals and Natural Resources Department Submit 3 copies Revised 1-1-89 to Appropriate District Office DISTRICT I **OIL CONSERVATION DIVISION** WELL API NO. P.O. Box 1980, Hobbs, NM 88241 30-021-20119 2040 Pacheco St. DISTRICT II Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE 🗹 FEE DISTRICT III 6. State Oil / Gas Lease No. L-5852 1000 Rio Brazos Rd., Aztec, NM 87410 Committee of the Commit SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" West Bravo Dome CDG Unit (FORM C-101) FOR SUCH PROPOSALS.) OII 1. Type of Well CO2 Supply Well. OTHER WELL WELL 8. Well No. 2. Name of Operator 13 **Amerada Hess Corporation** 9. Pool Name or Wildcat West Bravo Dome 3. Address of Operator P.O. Box 840, Seminole, TX 79360 4. Well Location North Line and 1980 Feet From The West 1980 Feet From The **Unit Letter** Harding COUNTY NMPM Range 30E 18N Township Section 7 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4475' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of 12. starting any proposed work) SEE RULE 1103.

CHANGE PLANS

TEMPORARILY ABANDON

PULL OR ALTER CASING

CONDITIONS OF APPROVAL, IF ANY:

OTHER:

Plan to MIRU pulling unit. Remove wellhead, install BOP & TOH w/tbg. & pkr. TIH w/CIBP & press. test csg. to 500 PSI for 30 min., obtaining chart. TA well. If csg. does not hold, TIH w/pkr. testing at intervals to determine leak interval. Cement squeeze, press. test csg. to 500 PSI for 30 min. obtaining chart & TA well.

OTHER:

COMMENCE DRILLING OPERATIONS | PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

I hereby certify that the information above of the confidence of the fost of my know	ledge and belief.	
SIGNATURE Way WILLIAM CA	TITLE Bus. Svc. Spec. II	DATE11/01/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr.		TELEPHONE NO. 915-758-6778
(This space for State Use) APPROVED BY	TITLE DISTRICT SUPERVISC	DATE 11/6/2001