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 88241

DISTRICT II

ΛΠ	CONSERV.	ATION	DIVISION
4711	T. T. N. SP. R. V.	4	

ERVATION DIVISION	WELL API NO.		
2040 Pacheco St.	30-021-20124		
anta Fe, NM 87505	5. Indicate Type of Lease STATE FE		
	6. State Oil / Gas Lease No.		

	Santa Fe, NM 87505	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210	,	STATE V FEE
DISTRICT III		6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410		20011
SUNDRY NOTICES AND REPORTS OF		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICA	7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PRO	West Bravo Dome CDG Unit	
1. Type of Well OIL GAS WELL OTHER	CO2 Supply Well.	
2. Name of Operator	8. Well No.	
Amerada Hess Corporation	7	
3. Address of Operator P.O. Roy 840. Seminole, TY	9. Pool Name or Wildcat	
P.O. Box 840, Seminole, TX	79360	West Bravo Dome
4. Well Location	Month Lineand 000	Feet From TheastLine
Unit Letter H : 1650 Feet F	rom The <u>North</u> Line and <u>900</u>	
Section 16 Township 19N	Range29E	NMPM Harding COUNTY
10. Elevation (Sho	ow whether DF, RKB, RT,GR, etc.) 46	35' GR
11. Check Appropriate Box	to Indicate Nature of Notic	e, Report, or Other Data
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABAND	ON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	G OPERATIONS PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	
	OTHER.	TA'd Well. ✓

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.

8-8-2001

OTHER: .

Press. tested csg. to 540 PSI for 30 min. Held OK. Chart attached. TA'd well.

Amerada Hess Corporation respectfully request a TA'd status on well.

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR TEMPORARY ABANDONMENT STATUS EXPIRES 8-8-06

the state of the s	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	DATE08/15/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr.	TELEPHONE NO. 915-758-6778
(This space for State Use) APPROVED BY TITLE DISTRICT SUPERVISOR	DATE 8/20/01

CONDITIONS OF APPROVAL, IF ANY:

DeSoto 2000 1.0

