

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 88241-1980

**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. 30-021-20191

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
NM 19714

7. Lease Name or Unit Agreement Name  
WEST BRAVO DOME CDG UNIT

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER CO2 SUPPLY WELL

2. Name of Operator  
Amerada Hess Corporation

8. Well No.  
17

3. Address of Operator  
P. O. Box 840, Seminole, Texas 79360-0840

9. Pool name or Wildcat  
WEST BRAVO DOME

4. Well Location  
Unit Letter G : 1786 Feet From The NORTH Line and 2364 Feet From The EAST Line  
Section 33 Township 19N Range 29E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
5395

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

WEST BRAVO DOME CDG UNIT #17

MIRU PULLING UNIT. FRAC TUBB FORMATION AND RUN 144 HR FLOW TEST. RUN LARGE FIBERGLASS TUBING. RDMO PULLING UNIT AND CLEAN LOCATION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Terry L. Harvey

TITLE SR. STAFF ASSISTANT DATE 08/25/97

TYPE OR PRINT NAME TERRY L. HARVEY

TELEPHONE NO. 915 758-6778

(This space for State Use)

APPROVED BY Ry E Johnson

TITLE DISTRICT SUPERVISOR DATE 9-7-97

CONDITIONS OF APPROVAL, IF ANY: