Submit 3 Copies	State of New Mexico	Form C-103
to Appropriate	Energy, Minerals, and Natural Resources Department	Revised 1-1-89
District Office		
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	30-021-20207
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III		6. State Oil & Gas Lease No.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		o. State Off & Gas Lease No.
	NOTICES AND REPORTS ON WELLS OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
i '	RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(F	ORM C-101) FOR SUCH PROPOSALS.)	_
1. Type of Well		BRAVO DOME CO2 GAS UNIT
OIL GA	AS OTHER CO2	
2. Name of Operator	July 302	8. Well No.
AMOCO PRODUCTION	COMPANY	1731-161G
	OOM 7411	
3. Address of Operator	AD NEW MEYICO 99440	9. Pool name or Wildcat
P.O. Box 303, AMISTA	AD, NEW MEXICO 88410	BRAVO DOME CO2 GAS UNIT
4. Well Location	TO POP TI NO	n . n =
Unit Letter G : 16		Feet From The East Line
Section 16	Township 17N Range 31E NMI	PM Harding County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4330 GR	
II. Chec	ck Appropriate Box to Indicate Nature of Notice, Repo	ort or Other Data
NOTICE OF	INTENTION TO: SUBSI	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS	5. PLUG AND ABANDONMENT X
PULL OR ALTER CASING	CASING TEST AND CEMENT	IOR
OTHER:	OTHER:	
12. Describe Proposed or Completed Operation SEE RULE 1103.	ons (Clearly state all pertinent details, and give pertinent dates, including of	estimated date of starting any proposed work)
plug with wireline, set CIBF fluid, pressure test casing t feet, spot 20 sacks of ceme	n water, NUBOP, release packer, lay down production tubin P at 2,095 feet, run workstring, tag CIBP at 2,095 feet, displ to 500 psi, cap CIBP with 10 sacks of class C cement from ent from 1674' - 1558', pull workstring to 30 feet, SDON.	ace casing with corrosion inhibited
7/7/00 Fill casing with cement, ND	BOP, RDMOSU, cut off wellhead, install PXA marker, cut of	off well anchors and clean location.
		0K 8/17/00
I hereby certify that the information above	is true and complete to the best of my knowledge and belief.	
SIGNATURE (Comb TITLE Field Foreman	DATE 7-7-2000
TYPE OR PRINT NAME Danny J. Hoc	omb	TELEPHONE NO. (505) 374-3010
(This space for State Use) APPROVED BY	DISTRICT SUPERV	ISOR DATE 8/18/00
CONDITIONS OF APPROVAL, IF ANY:		