Submit 3 Copies :o Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I	OH CONGRESS TRANSPORTER		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240			30-021-20237
DISTRICT II Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210			STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG EACK TO A			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well			BRAVO DOME CO2 GAS UNIT
OIL C	GAS OTHER	CO2	BRAVO DOME COZ GAS UNIT
2. Name of Operator			8. Well No.
AMOCO PRODUCTION COMPANY			2033-281G
P.O. Box 303, AMISTAD, NEW MEXICO 88410			9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
4. Well Location			
Unit Letter <u>G</u> : 1	724 Feet From The North	Line and 1859	Feet From The East Line
Section 28	Township 20N	Range 33E NM	IPM Harding County
	10. Elevation (Show whe	other DF, RKB, RT, GR, etc.) GR	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
			EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN:	
PULL OR ALTER CASING	<u> </u>	CASING TEST AND CEMENT	1 200 / MID ON MENT X
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)			
7/19/00			
MIRUSU, kill well with fresh water, squeeze 45 sacks of class C cement down 4 1/2" fiberglass casing, displaced cement to 1875', WOC, run wireline and tag cement at 1890', pressure test casing to 500 psi, spot 5 sacks of cement from 30' to surface, RDMOSU.			
7/20/00			
Cut off wellhead, install PXA marker, cut off well anchors and clean location.			
and death location.			
			ok,,
			8/17/00
			, ,
hereby certify that the information above	is true and complete to the best of my knowledg	e and belief. Field Foreman	
YPE OR PRINT NAME Panny J. Holo		icio i oreman	DATE 7-21-2000
This space for State Use)	$\Lambda \Omega$		TELEPHONE NO. (505) 374-3010
PPROVED BY ONDITIONS OF APPROVAL, IF ANY:	bkun TITLE DI	STRICT SUPERVI	SOR DATE 8/18/00