omit 3 Copies	Sta	te of New Mexico	
Appropriate trict Office	Energy, Minerals, and Natural Resources Department		Form C-103 Revised 1-1-89
STRICT 1	OIL CONSE	ERVATION DIVISION	WELL API NO.
). Box 1980, Hobbs, NM 88240		P.O. Box 2088	30-021-20241
STRICT II	Santa Fe, Ne	w Mexico 87504-2088	
). Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE
STRICT III			6. State Oil & Gas Lease No.
00 Rio Brazos Rd., Aztec, NM 87410			
SUNDRY	Y NOTICES AND REPO	RTS ON WELLS	
	OR PROPOSALS TO DRILL OR T RESERVOIR. USE "APPLICATIO		
	FORM C-101) FOR SUCH PROPO		7. Lease Name or Unit Agreement Name
Type of Well			BRAVO DOME CO2 GAS UNIT
	AS /ELL	002	33 2 3 M 3 C 3 M 3 C 1 M 1
Name of Operator		OTHER CO2	
AMOCO PRODUCTION	COMPANY		8. Well No.
Address of Operator			2033-271G
P.O. Box 303, AMISTA	AD, NEW MEXICO 8	88410	9. Pool name or Wildcat
	10, INLANTINEATION &	JO4 I U	BRAVO DOME CO2 GAS UNIT
Well Location Unit Letter G: 19	P79 Feet From The	North Line and 1778	
Section 27			Line Last Line
			NMPM Harding County
	10. Elevation	) (Show whether DF, RKB, RT, GR, etc.) 4942 GR	
Chec	ek Appropriate Poy t	o Indicate Nieture C.N:	
NOTICE OF	MATERITION TO	o Indicate Nature of Notice, I	
<del></del>	INTENTION TO:	SU	JBSEQUENT REPORT OF:
RFORM REMEDIAL WORK	PLUG AND ABANDON	X REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING (	OPNS. PLUG AND ABANDONMENT
LL OR ALTER CASING	_	CASING TEST AND CEM	<u> </u>
HER:	Γ	<del></del>	
		OTHER:	
Describe Proposed or Completed Operatio SEE RULE 1103.	ns (Clearly state all p	pertinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed work)
	sary NUROP run wor	ketring to 2 425 foot and 7 and	s of class C cement, pull workstring,
WOC, run workstring, tag c	ement, cement should	be above 2.362 feet, spot 7 sack	est casing to 500 psi, displace casing with
corrosion infilbited fluid, pai	ii workstring to 1,970 fe	et, spot 6 sacks of cement, null i	Workstring to 30 feet and fill agains with
cement, NDBOP, RDMOSU	J, cut off wellhead, inst	all PXA marker, cut off well anch	ors and clean location
			İ
			İ
eby certify that the information above is	s true and complete to the best c	f my knowledge and belief	
	iont-	TITLE Field Foreman	0.000
		Flore Foreman	DATE 2-29-00
	uno dini		TELEPHONE NO (505) 374-3010
s space for State Use)	1/10/1	TITLE DISTRICT SUPER	eNtent sw
DITIONS OF APPROVAL, IF ANY:	Home	TITLE DISTRICT SOLETO	DATE 3/9/00
	,		