ubmit 3 Copies	State of New Mexico		Form C-103
Appropriate	Energy, Minerals, and Natural Resources Department		Revised 1-1-89
strict Office	OH COMORRIME	N DIMETON	
DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.
O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		30-021-20262
DISTRICT II O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE
<u>VISTRICT III</u> 000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	OTIOGO AND DEDORTO ON WELLO		
	OTICES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FC	ORM C-101) FOR SUCH PROPOSALS.)		
Type of Well			BRAVO DOME CO2 GAS UNIT
GA WG		rna -	
OR WELL WE	OTHER	C02	0.777.11.27
Name of Operator AMOCO PRODUCTION COMPAN	Y		8. Well No. 2133-111K
. Address of Operator			9. Pool name or Wildcat
P.O. Box 303, AMISTAD, NEW MEXICO 88410			BRAVO DOME CO2 GAS UNIT
Well Location			
	Feet From The West	Line and 1843	Feet From The South Line
Section 11	Township 21N	Range 33E NMP	M Harding County
	10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.) GL	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	F		
'ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT X
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
)THER:		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.			
9-5-97			
Circulate well with 9.5 gelled brine water. Spot 15 sacks class C cement @ 2474' - 2233'.			
9-6-97			
Tag top of cement @ 2233'. Spot 15 sacks class C cement @ 1920' - 1835'. Spot 5 sacks class C cement @ 30' - 3'. Cutt off wellhead and anchors 3' below ground level. Cap well with steel plate. Install dry hole marker.			
Cutt on Weillied and and	lois a below ground level. Cap	well with steel plate. Hista	ii diy ilole illarker.
•			
	/)		
hereby certify that the information above is true and	5 - 1 /		
SIGNATURE Delly	. C. Trulue TITLE	Operations Specialist	DATE 9/9/97
TYPE OR PRINT NAME Billy E. Prichard	•		TELEPHONE NO. (505) 374-3053
(This space for State Use)		ICTOIC-	0 0-
APPROVED BY	THE D	ISTRICT SUPERV	SOR DATE 9-25-97
	and the second of the second		