

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 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.
30-059-20146

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease
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 BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of Well

OIL WELL GAS WELL OTHER CO2

8. Well No.

1834-191G

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 19 Township 18N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4750 GL

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
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

8-26-97
Set 5-1/2" cast iron bridge plug @ 2440'. Cap with 50' class C cement.

8-27-97
Circulate well with 9.5 gelled brinewater. Spot 15 sacks of class C cement @ 1882'-1755'. Spot 5 sacke of class C cement @ 30'-3'. Cut off well head and anchors 3' below ground level. Cap well with steel plant. Install dry hole marker.

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

SIGNATURE Billy E. Prichard TITLE Operations Specialist DATE 9/9/97
TYPE OR PRINT NAME Billy E. Prichard TELEPHONE NO. (505) 374-3053

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9-25-97

CONDITIONS OF APPROVAL, IF ANY: