

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

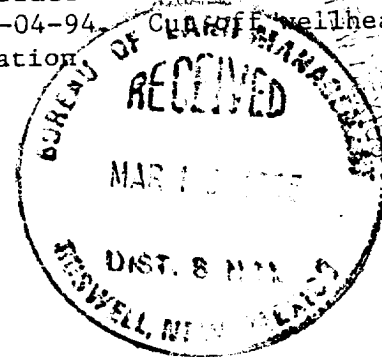
SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other C02	5. Lease Designation and Serial No. MM 26033
2. Name of Operator Amoco Exploration & Production Sector	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 606, Clayton, New Mexico 88415	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter G: 2310 feet from the North line and 2310 feet from the East line. Section 20, Township 17N, range 35E, NMPM, Quay County. 4511GR	8. Well Name and No. 1735-201G
	9. API Well No. 30-037-20043
	10. Field and Pool, or Exploratory Area Bravo Dome C02 Gas Unit
	11. County or Parish, State

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment & Plug	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Move in and rig up service unit 11-02-94. Nipple up BOP. Release packer and lay down tubing and packer. Run tubing open ended to 2426 ft. Spot 150 sacks of Class "C" cement. Pull tubing and WOC. Run tubing and tag cement at 1715 ft. Pressure test casing to 500 psi OK. Disp casing with gelled water and spot 40 sacks of Class "C" cement. Estimated top of cement at 1483 ft. Pull tubing to 760 ft. and spot 20 sacks of Class "C" cement. Estimated top of cement at 644 ft. Pull tubing to 62 ft and circulate cement to surface with 10 sacks of Class "C" cement. Nipple down BOP. Rig down and move out service unit 11-04-94. Install wellhead and install PxA marker. Cut off service unit anchors and clean location.



14. I hereby certify that the foregoing is true and correct

Signed Mark Randolph Title BUSINESS ANALYST Date 1-13-95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side