Submit 3 Copies to Appropriate	State of New Mexico Energy, Minerals, and Natural Resources Department			Form C-103 Revised 1-1-89	
District Office					
DISTRICT I OIL CONSERVATION DIVISION			IVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088				30-059-2	.0035
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			088	5. Indicate Type o STATE	f Lease FEE
DISTRICT III				6. State Oil & Gas	Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410					
SUNDR	Y NOTICES AND RE	PORTS ON WELLS	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7. Lease Name or	Unit Agreement Name
	(FORM C-101) FOR SUCH PR	OPOSALS.)			E CO2 GAS UNIT
1. Type of Well	GAS			BRAVO DOM	COZ GAS UNIT
	WELL	OTHER CO2			
2. Name of Operator				8. Well No.	
AMOCO PRODUCTION COMPANY				2232	2-281J
3. Address of Operator				9. Pool name or Wildcat	
P.O. Box 303, AMIS	TAD, NEW MEXICO	88410		BRAVO DOME	E CO2 GAS UNIT
4. Well Location					
Unit Letter J :	1980 Feet From Th	ne South	Line and 1980	Feet From T	he East Line
Section 28	Township	22N Range	32E	MPM Union	County
	10. Ele	vation (Show whether DF, 4949	RKB, RT, GR, etc.) GR		
Che	eck Appropriate Bo	w to Indicate Nat	ure of Notice P	aport or Other D	
				-	
	F INTENTION TO:		SUE	SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	N R	EMEDIAL WORK	, A A A A A A A A A A A A A A A A A A A	LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		OMMENCE DRILLING OF	PNS F	LUG AND ABANDONMENT
			ASING TEST AND CEME		L
PULL OR ALTER CASING					
OTHER:			THER:		
2. Describe Proposed or Completed Opera SEE RULE 1103.	itions (Clearly stat	e all pertinent details, and g	ive pertinent dates, includ	ing estimated date of startin	g any proposed work)
10-12-99					
MIRUSU, kill well with fre					
bridge plug on wireline, se					
water with corrosion inhib					
pull workstring to 1,858 fe NDBOP, cut off wellhead,					casing with cement,
NDBOP, cut off weilhead,	, install PAA marker,	RDIVIOSO, CULOIN	well anchors and c		
				2/8/00	OKREF
				0,0,0	0
hereby certify that the information about	ve)s true and complete to the	best of my knowledge and	belief.		
	Holimb-		oreman	DATE	10-13-99
TYPE OR PRINT NAME Danny J. N			······································		HONE NO. (505) 374-3010
This space for State Use)	ohum	TTLEDISTR	ICT SUPER	DATE	2/10/00
CONDITIONS OF APPROVAL, IF ANY					
L L	<i>•</i>				