

Submit 3 Copies to Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	State of New Mexico Energy, Minerals, and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	Form C-103 Revised 1-1-89																				
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.)		WELL API NO. 30-050-20109 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT 8. Well No. 2035-171K 9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																				
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2																						
2. Name of Operator AMOCO PRODUCTION COMPANY																						
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																						
4. Well Location Unit Letter <u>K</u> : <u>1930</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>17</u> Township <u>20N</u> Range <u>35E</u> NMPM <u>UNION</u> County																						
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4630</u>																						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																						
<table border="0" style="width: 100%;"> <tr> <th colspan="2" style="text-align: left;">NOTICE OF INTENTION TO:</th> <th colspan="2" style="text-align: left;">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input checked="" type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td></td> <td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td>OTHER: <input type="checkbox"/></td> <td></td> <td>OTHER: <input type="checkbox"/></td> <td></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>		OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	
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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. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>MIRU plugging unit. Kill well as necessary with fresh water. Nipple up BOP. Release Guiberson Uni 6 packer. Lay down production tubing, packer, tailpipe. Run and set with wireline a CIBP @ 2218'. Pressure test casing to 500 psi. Cap CIBP with 50 feet of cement. Run 2-3/8" tubing to just above cement cap on CIBP. Displace casing with 9.5# gelled brine water. Pull tubing to 1790'. Pump 12 sacks cement. Displace cement from tubing with 9.5# gelled brine water. Pull tubing to a depth plus or minus 30 feet. Fill top of casing with cement. Pull final joint of tubing from the well. Check surface casing for pressure. Cut off surface casing head. Weld steel plate on top of casing and install PXA marker. RD plugging unit. Remove well panels. Cut service unit anchors off 1' below ground level. Clean location.</p> <p><i>cement@ports</i></p> <p><i>*cement@ports</i></p> </div>																						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.																						
SIGNATURE <u>B. E. Prichard</u> TITLE <u>Operations Specialist</u>		DATE <u>10/27/97</u>																				
TYPE OR PRINT NAME <u>B. E. Prichard</u>		TELEPHONE NO. <u>(505) 374-3053</u>																				
(This space for State Use) APPROVED BY <u>[Signature]</u> TITLE <u></u>		DATE <u>11/17/97</u>																				
CONDITIONS OF APPROVAL, IF ANY:																						