GIL CONSER ON DIVISION		
Submit 3 Copies to Appropriate District Office Control of the state of New Me Energy, Minerals and Natural Re Control of the state of New Me Energy, Minerals and Natural Re Control of the state of New Me Energy, Minerals and Natural Re Control of the state of New Me		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2083	WELL API NO.	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	5. Indicate Type of Lease STATE FEE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON V	6. State Oil & Gas Lease No. VELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	/. Lease Name or Unit Agreement Name	
1. Type of Well OIL GAS WELL OTHER OTHER	CO2- Gas Well	
2. Name of Operator Amoco Production Company	8. Well No. 2233-261F	
3. Address of operatorP.O. Box 606ClaytonN. Mex88415	9. Pool name or Wildcat Bravo Dome CO2 Gas Unit	
4. Well Location Unit Letter F : 1980 Feet From The North	Line and 1980 Feet From The West Line	
Section 26 Township 22N	Range 33E NMPM Union County	
10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.) 4885 GR	
	Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING		
OTHER:	OTHER: Re-enter well and change out tubing	

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.

Moved in, rigged up service unit April 19, 1993. Killed well W/2 % KCL water x necessary additives. Nippled up blow out preventer. Released packer and pulled out of hole with 2 3/8 tubing and packer. Set cast iron bridge plug at 2458'. Ran in hole 2-7/8" fiberglass tubing and set at 2434. Set packer at 2404'. Loaded annulus with inhibited fluid and test packer to 500 psi for 30 minutes. Rigged down and moved out service unit April 19, 1993. Flow tested well.

I hereby certify that the information above is true and complet	e to the best of my knowledge and belief.	
SIGNATURE for Lilkins	TITLE Secretary	DATE 7 - 13-93
TYPE OR PRINT NAME	Joy Filkins	TELEPHONE NO. (713) 556-3613
(This space for State Use) APPROVED BY 4 ADMUUL CONDITIONS OF APPROVAL, IF ONY:	DISTRICT SUPERVISOR	DATE 7-16-93