Submit 3 Copies	State of New Mexico			Form C-103
to Appropriate	Energy, Minerals, and Natural Resources Department		Revised 1-1-89	
District Office				
DISTRICT I	OIL CONSERVATION DI	VISION W	VELL API NO.	·····
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		30-059-201	30
DISTRICT II	Santa Fe, New Mexico 87504-20)88 5.	. Indicate Type of L	.ease
P.O. Drawer DD, Artesia, NM 88210			STATE	FEE
DISTRICT III		6.	. State Oil & Gas L	ease No.
1000 Rio Brazos Rd., Aztec, NM 87410				
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.	7. Lease Name or Unit Agreement Name	
Type of Well			BRAVO DOME C	02 GAS LINIT
WELL	CO2			
2 Name of Operator			8. Well No.	
			2433-351G	
3. Address of Operator		[9.	Pool name or Wild	
P.O. Box 303, AMISTA	D, NEW MEXICO 88410		BRAVO DOME C	02 GAS UNIT
4. Well Location				-
Unit Letter <u>G</u> : 19		Line and1980	Feet From The	East Line
Section 35	Township 24N Range	<u>33E</u> NMPM	Union	County
	10. Elevation Show whether DF 4 5185	RKB. RT. GR, etc.) GR		
The Chec	k Appropriate Box to Indicate Natu	re of Notice. Report	, or Other Data	· · · · · · · · · · · · · · · · · · ·
	INTENTION TO:	-	UENT REPORT	
				
	PLUG AND ABANDON RE	MEDIAL WORK		
	CHANGE PLANS CC	MMENCE DRILLING OPNS.	PLU	G AND ABANDONMENT X
PULL OR ALTER CASING	CA	SING TEST AND CEMENT JOI	в	
)THER [:]	то	HER		
2. 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.				
cast iron bridge plug on wir water with corrosion inhibit	n water, NUBOP, release packer. Pull a reline, set CIBP at 2492 feet. Run 2 3/8 ed fluid, pressure test casing to 500 psi ot 10 sacks of cement from 2116' - 202	3" workstring and tag C i, ok. Spot 5 sacks of (CIBP, displace ca Class C cement f	sing with fresh
10-7-99 Spot 5 sacks of cement fro clean location.	m 30' - 3', NDBOP, cut off wellhead. ins		10SU, cut off we 2/8/00 0.	
hereby certify that the information above	is true and complete to the best of my knowledge and b	elief		
	Complete to the best of my knowledge and of		DATE	10-13-99
YPE OR PRINT NAME Danny J. Ho		· · · · · · · · · · · · · · · · · · ·	TELEPHON	E NO (505) 374-3010
This space for State Use)	John TITLE DISTR	ICT SUPERAD	کے کے محمد کر کے کر	2/10/00
ONDITIONS OF APPROVAL, IF ANY	/			