

Submit 3 Copies

to Appropriate

District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103

Revised 1-1-89

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 87419

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-059-20159

5. Indicate Type of LeaseSTATE ☐FEE ☐**6. State Oil & Gas Lease No.****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.)

1. Type of WellOIL
WELL ☐GAS
WELL ☐

OTHER

CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

8. Well No.

2431-361M

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter M : 990 Feet From The South Line and 000 Feet From The West Line
Section 36 Township 24N Range 31E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5597 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**NOTICE OF INTENTION TO:**PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☒TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐**12. Describe Proposed or Completed Operations**

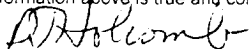
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

MIRUSU, kill well as necessary, NUBOP, release packer, lay down production tubing and packer, run cast iron bridge plug with wireline, set CIBP at 2,359 feet, run workstring, displace casing with corrosion inhibited fluid, pressure test casing to 500 psi, cap CIBP with 5 sacks of class C cement, pull workstring to 2,000 feet, spot 13 sacks of cement, pull workstring to 30 feet, fill casing with cement, NDBOP, RDMOSU, cut off wellhead, install PXA marker, cut off well anchors and clean location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE



TITLE

Field Foreman

DATE

3-6-00

TYPE OR PRINT NAME

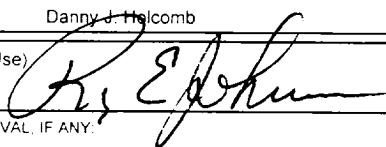
Danny J. Holcomb

TELEPHONE NO

(505) 374-3010

(This space for State Use)

APPROVED BY



TITLE

DISTRICT SUPERVISOR

DATE

3/10/00

CONDITIONS OF APPROVAL, IF ANY: