Submit 3 Capies	State of New Mexico	Form C-103
to Appropriate District Office	Energy, Minerals, and Natural Resources Department	Revised 1-1-89
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, N	`	30-059-20246
DISTRICT II	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Drawer DD, Artesia,		STATE FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Azte		6. State Oil & Gas Lease No.
	SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE T	HIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7 J N J J H A A N
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well	GAS WELL OTHER CO2	BRAVO DOME CO2 GAS UNIT
2. Name of Operator		8. Well No.
·	DUCTION COMPANY	1834-291G
3. Address of Operator P.O. Box 303		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
4. Well Location		SINTO BOILE GOZ GAO GWI
Unit Letter	: 1650 Feet From The North Line and 1650	Feet From The East Line
Section	Township 18N Range 34E NMPN	M Union County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4724 GR	
1.	Check Appropriate Box to Indicate Nature of Notice, Repo	ort. or Other Data
1	1	ENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT X
PULL OR ALTER CASING		FLUG AND ABARDUNMEN 1
	CASING TEST AND CEMENT JOB	
OTHER:	OTHER:	
2. Describe Proposed or (SEE RULE 1103. 8-27-97	Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of star	ting any proposed work)
1	 uction equipment. Set 7" cast iron bridge plug @ 2482' with 50' cement	
	The second secon	
8-28-97		
Circulate well	with 9.5 gelled brine water. Cut off wellhead and anchors 3' below grou	nd level. Cap well with steel plate.
Install dry hole	amarker.	
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	ation above is true and cognitions to the best of my knowledge and bylief.	
GNATURE	Operations Specialist	DATE 9/9/97
PE OR PRINT NAME	Billy E. Prichage	TELEPHONE NO. (505) 374-3053
his space for State UseV PROVED BY	Dr Sohum me DISTRICT SUPERVIS	DATE 9-25-97
ONDITIONS OF APPROVAL, IF AN		The same of the sa
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