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	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-059-20246
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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.)			7. Lease Name or Unit Agreement Name
1. Type of Well	GAS WELL OTHER	CO2	BRAVO DOME CO2 GAS UNIT
Name of Operator AMOCO EXPLORATION AND	PRODUCTION COMPANY		8. Well No. 1834-291G
3. Address of Operator P.O. Box 606. CLAYTON. NEW MEXICO 88415			9. Pool name or Wildcat
4. Well Location Unit Letter G:	NEW MEXICO 88415 1650 Feet From The North	Line and 1650	BRAVO DOME CO2 GAS UNIT Feet From The East Line
Section 29	Township 18N 10. Elevation (Show whe 4724	Range 34E NMI ther DF, RKB, RT, GR, etc.) GR	PM <u>Union</u> County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: 12. Describe Proposed or Completed Opers SEE RULE 1103. MIRU plugging unit. Kill production tubing, packed CIBP with 50 feet of cere	I well as necessary with fresh water er, tailpipe. Run and set with wireli nent. Run 2-3/8" tubing to just abo	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER: Pertinent dates, including estimated date of state Nipple up BOP. Release ine a CIBP @ 2482'. Presive cement cap on CIBP.	se Guiberson Uni 6 packer. Lay down
tubing to a depth plus or surface casing for press plugging unit. Remove	minus 30 feet. Fill top of casing wure. Cut off surface casing head. Newell panels. Cut service unit ancho	rith cement. Pull final join Weld steel plate on top of	t of tubing from the well. Check casing and install PXA marker. RD
Thereby certify that the information above is true	and complete to the best of my knowledge and belief.	Operations Specialist	DATE 7/23/97
TYPE OR PRINT NAME This space for State Use	<u> </u>	TOICT CHIENIA	TELEPHONE NO. (505) 374-3050
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	Hohum me	STRICT SUPERVIS	DATE 8/27/97