Submit 3 Copies	State of New Mexico	Form C-103
to Appropriate	Energy, Minerals, and Natural Resources Department	Revised 1-1-89
District Office		
<u>DISTRICT I</u>	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	30-059-20256
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III		6. State Oil & Gas Lease 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"		7 Loss Name and Life Asset Ass
(FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well		BRAVO DOME CO2 GAS UNIT
GAS		BILATO BOINE GOZ GAO ONT
OR WELL WELL	OTHER CO2	
2. Name of Operator		8. Well No.
AMOCO PRODUCTION COMPANY		2230-221G
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 303, AMISTAD, NE	W MEXICO 88410	BRAVO DOME CO2 GAS UNIT
4. Well Location		
Unit Letter G : 1980	Feet From The NORTH Line and 1980	Feet From The EAST Line
Section 22	Township 22N Range 30E NM	PM UNION County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5383 GR	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
,		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON X REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	
OTHER:	OTHER:	
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.		
MIRUSU,Kill well as necessary, NUBOP,Rel pkr,LD production tbg and pkr,Run Cast iron BP with		
wireline, Set CIBP @ 2482 ft.,Run tbg, Disp csg with mud laden fluid,Prs tst csg to 500psi,		
Cap CIBP with 9 sx cmt, Pull tbg to 2095 ft, Spot 19 sx cmt, Pull tbg to 30ft, Fill csg with cmt,		
NDBOP,Cut off wellhead,Install PXA marker,RDMOSU, Cut off SU anchors,Clean location		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE SIGNATURE	TILE Operations Specialist	DATE 1/20/98
TYPE OR PRINT NAME B. E. Prichard	n //	TELEPHONE NO. (505) 374-3053
APPROVED BY APPROVED BY DATE 2-5-98		
CONDITIONS OF APPROVAL, IF ANY:		