Submit 3 Copies to Appropriate	State of New Mexico Energy, Minerals, and Natural Resources Department		Form C·103 Revised 1·1·89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-059-20373
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE FEE
<u>DISTRICT III</u> 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	C02	BRAVO DOME CO2 GAS UNIT
2 Name of Operator	WELL OTHER		8. Well No.
AMOCO PRODUCTION COMPANY 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 E : 1747 Feet From The North Line and 518 Feet From The West Line Section 20 Township 19N Range 35E NMPM Union County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4593 GL			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	VTENTION TO: PLUG AND ABANDON	SUBSEUL REMEDIAL WORK	JENT REPORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	X PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER:		CASING TEST AND CEMENT JOB 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. 5-15-98			
Move in rig up rotary tools. Spud @ 11:40. Drill 12-1/4" hole to 743'. Run 17 jt. 8-5/8" casing. Set @ 743'. Cement with 285 sacks Prem Plus 2% cc 1/4# Flocele. Circulate 100 sacks to pit. Wait on cement. Test 8-5/8" to 500 psi. Held ok. Drill 7-7/8" hole 743'-2255'. Run 55 jt. 5.5" 14# casing. Set at 2250'. Cement with 235 sacks Prem Plus. Circulate 100 sacks to pit. Bump plug @ 5:15 5-17-98. Rig down move out rotary tools. Wait on completion unit.			
I hereby certify that the information above is true	and complete to the best of my knowledge and belief.	Field Foreman	DATE 5/21/98
TYPE OR PRINT NAME 0. J. Holcomb			TELEPHONE NO. (505) 374-3010
(This space for State Use) APPROVED BY	Jun nie D	ISTRICT SUPERVI	DATE 5/29/98
CONDITIONS OF APPROVAL, IF ANY:			