ubmit 3 Copies
Appropriate
istrict Office

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

Form C-103
Revised 1-1-89

ISTRICT I
O. Box 1980, Hobbs, NM 88240

ISTRICT II
O. Drawer DD, Artesia, NM 88210

ISTRICT III
)00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-021-20052

5. Indicate Type of Lease
STATE ☐ 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.)

7. Lease Name or Unit Agreement Name
BRAVO DOME CO2 GAS UNIT

Type of Well
OIL WELL ☐ GAS WELL ☐ OTHER CO2

Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
1932-241G

Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 24 Township 19N Range 32E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4690.9 GR

I. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	X	REMEDIAL WORK	☐	ALTERING CASING	☐
EMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
JLL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
THER:	☐			OTHER:			☐

. 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, release packer, lay down production tubing and packer, run cast iron bridge plug with wireline, set CIBP at 2,266 feet, run workstring, displace casing with mud laden fluid, pressure test casing to 500 psi, cap CIBP with 3 sacks of cement, pull workstring to 1,870 feet, spot 7 sacks of cement, pull workstring to 30 feet, fill casing with cement, NDBOP, cut off wellhead, install PXA marker, RDMOSU, cut off well anchors and clean location.

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

GNATURE D Holcomb TITLE Field Foreman DATE 8-18-99

'PE OR PRINT NAME Danny J. Holcomb TELEPHONE NO. (505) 374-3010

his space for State Use)

'PROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 8/23/99

ONDITIONS OF APPROVAL, IF ANY: