

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-021-20059
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	L 5826
7. Lease Name or Unit Agreement Name WEST BRAVO DOME CDG UNIT	
8. Well No.	2
9. Pool name or Wildcat	WEST BRAVO DOME

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.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER CO2 SUPPLY WELL	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>19N</u> Range <u>30E</u> NMPM <u>HARDING</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4442'	

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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.

WEST BRAVO DOME CDG UNIT #2

MIRU PULLING UNIT. REPERFORATE TUBB FORMATION AND FLOW TEST FOR 144 HOURS. RUN POLYLINER TO CIMMARRON ANHYDRITE. RDMO PULLING UNIT AND CLEAN LOCATION.

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

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 08/25/97
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 915 758-6778

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 9-7-97
CONDITIONS OF APPROVAL, IF ANY: