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. 30-021-20231

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L 5852

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: WEST BRAVO DOME CDG UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER CO2 SUPPLY WELL

2. Name of Operator: Amerada Hess Corporation

8. Well No. 20

3. Address of Operator: P. O. Box 840, Seminole, Texas 79360-0840

9. Pool name or Wildcat: WEST BRAVO DOME

4. Well Location
Unit Letter F : 1650 Feet From The NORTH Line and 1650 Feet From The WEST Line

Section 32 Township 19N Range 30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4416'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
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.

WEST BRAVO DOME CDG UNIT #20

MIRU PULLING UNIT. REPERFORATE TUBB FORMATION AND 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 Ray E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-7-97

CONDITIONS OF APPROVAL, IF ANY: