

Submit 3 Copies

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

Form C-103
Revised 1-1-89

to Appropriate
District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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.

30-021-20238

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

1. Type of Well

OIL WELL GAS WELL OTHER CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

8. Well No.

2033-201G

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 G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 20 Township 20N Range 35E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5037 GR

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
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

7/20/00

MIRUSU, kill well with fresh water, squeeze 45 sacks of class C cement down 4 1/2" fiberglass casing, displaced cement to 1900', WOC, run wireline and tag cement at 1942', pressure test casing to 500 psi, spot 5 sacks of cement from 30' to surface, RD MOSU, cut off wellhead, install PXA marker, cut off well anchors and clean location.

OK
8/17/00

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

SIGNATURE D. Holcomb TITLE Field Foreman DATE 7-21-2000

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

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8/18/00

CONDITIONS OF APPROVAL, IF ANY: