

OIL CONSERVATION DIVISION

ISTRICT I
O. Box 1980, Hobbs, NM 88240
ISTRICT II
O. Drawer DD, Artesia, NM 88210
ISTRICT III
100 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-021-20239

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

8. Well No.
2033-171G

Name of Operator
AMOCO PRODUCTION COMPANY

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

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

Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 17 Township 20N Range 33E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5036 GR

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
DRILL OR ALTER CASING
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
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, run workstring to 2,515 feet, spot 7 sacks of class C cement, pull workstring, WOC, run workstring, tag cement, cement should be above 2,441 feet, pressure test casing to 500 psi, displace casing with corrosion inhibited fluid, pull workstring to 2,056 feet, spot 6 sacks of cement, pull workstring to 30 feet and fill casing with cement, NDBOP, RDMOSU, cut off wellhead, install PXA marker, cut off well anchors and clean location.

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 2-29-00
NAME OR PRINT NAME Danny J. Holcomb TELEPHONE NO. (505) 374-3010
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3/9/00
CONDITIONS OF APPROVAL, IF ANY.