

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL API NO.
30-021-20212

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.
1832-251G

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 : 1650 Feet From The North Line and 1650 Feet From The East Line
Section 25 Township 18N Range 32E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4695 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
WELL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER:

ALTERING CASING
PLUG AND ABANDONMENT

1. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

MIRUSU, kill well as necessary, NUBOP, release packer, lay down production tubing and packer, run cast iron bridge plug with wireline, set CIBP at 2,444 feet, run workstring, displace casing with mud laden fluid, pressure test casing to 500 psi, cap CIBP with 9 sacks of cement, pull workstring to 1,872 feet, spot 13 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.

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

SIGNATURE D. J. Hoicomb TITLE Field Foreman DATE 8-18-99

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

This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8/23/99

CONDITIONS OF APPROVAL, IF ANY: