

Submit 1 Copy To Appropriate District Office  
District I -- (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II -- (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III -- (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV -- (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-059-20558</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bravo Dome
8. Well Number <b>101</b>
9. OGRID Number 16696
10. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Oxy USA Inc.	
3. Address of Operator PO Box 4294, Houston, TX 77210	
4. Well Location Unit Letter <b>G</b> : <b>1711</b> feet from the <b>N</b> line and <b>1674</b> feet from the <b>E</b> line. Section <b>10</b> Township <b>22N</b> Range <b>32E</b> NMPM County <b>Union</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4993.6</b>	

12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Ground Elevation Correction 4993.6

Spud Date:

Rig Release Date:

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

SIGNATURE

*L. Lockett*

TITLE

*Reg. Spec.*

DATE

*5/6/14*

Type or print name

*L. Kiki Lockett*

E-mail address:

*k.k. lockett@oxy.com*

PHONE:

*713-215-7643*

For State Use Only

APPROVED BY:

*Danny P. [Signature]*

TITLE

*Data Manager*

DATE

*6-20-14*

Conditions of Approval (if any):