

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

| SUNDRY NOTICES AND REPORTS ON WELLS | | 7. Lease Name or Unit Agreement Name | |
|---|--|---|--|
| (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.) | | Bravo Dome | |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | | 8. Well Number 221 | |
| 2. Name of Operator Oxy USA Inc. | | 9. OGRID Number 16696 | |
| 3. Address of Operator PO Box 4294, Houston, TX 77210 | | 10. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640 | |
| 4. Well Location | | | |
| Unit Letter <u>G</u> : <u>1700</u> feet from the <u>N</u> line and <u>1706</u> feet from the <u>E</u> line | | | |
| Section <u>22</u> Township <u>22N</u> Range <u>32E</u> NMPM County <u>UNION</u> | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 4891.5 | |

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

NOTICE OF INTENTION TO:

| | | | |
|-----------------------|--------------------------|------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> | PLUG AND ABANDON | <input type="checkbox"/> |
| TEMPORARILY ABANDON | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | MULTIPLE COMPL | <input type="checkbox"/> |
| DOWNHOLE COMMINGLE | <input type="checkbox"/> | | |
| CLOSED-LOOP SYSTEM | <input type="checkbox"/> | | |
| 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 Connection 4891.5

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 5/1/14
Type or print name L. Kiki Lockett E-mail address: Kiki-lockett@ny.com PHONE: 713-215-7643
For State Use Only

APPROVED BY: Mary P. Pusch TITLE: Line Manager DATE: 7-1-14
Conditions of Approval (if any):