

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

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.)		WELL API NO. 30-021-20540
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other : SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA INC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 303, AMISTAD , NM 88410		7. Lease Name or Unit Agreement Name WEST BRAVO DOME UNIT
4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>18N</u> Range <u>30E</u> NMPM County <u>HARDING</u>		8. Well Number 271 (SWD)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 4333'		9. OGRID Number 16696
		10. Pool name or Wildcat WEST BRAVO DOME CO₂ GAS

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MECHANICAL INTEGRITY TEST <input checked="" type="checkbox"/>	

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.

DATE PERFORMED 3/13/2019.

9:00 safety meeting and JSA's

10:00 meet and lead Gravity pump truck to location

11:00 Rig up pump truck

11:30 Load well, took less than 1/10 of a bbl to load, put 550 psi on casing, and start test.

12:00 remove chart and depressurize well.

12:30 Rig down pump truck and release.

13:00 leave location

SEE ENCLOSED COPY OF PRESSURE RECORDER CHART

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 _____ TITLE _____ SENIOR ENGINEERING ADVISOR DATE 3/18/2019

Type or print name AL GIUSSANI E-mail address: ALBERT_GIUSSANI@OXY.COM PHONE: 806-638-1296

For State Use Only

APPROVED BY: **ACCEPTED FOR RECORD** TITLE _____ DATE _____

Conditions of Approval (if any):

*Re-test required
w/pump truck.
MK*

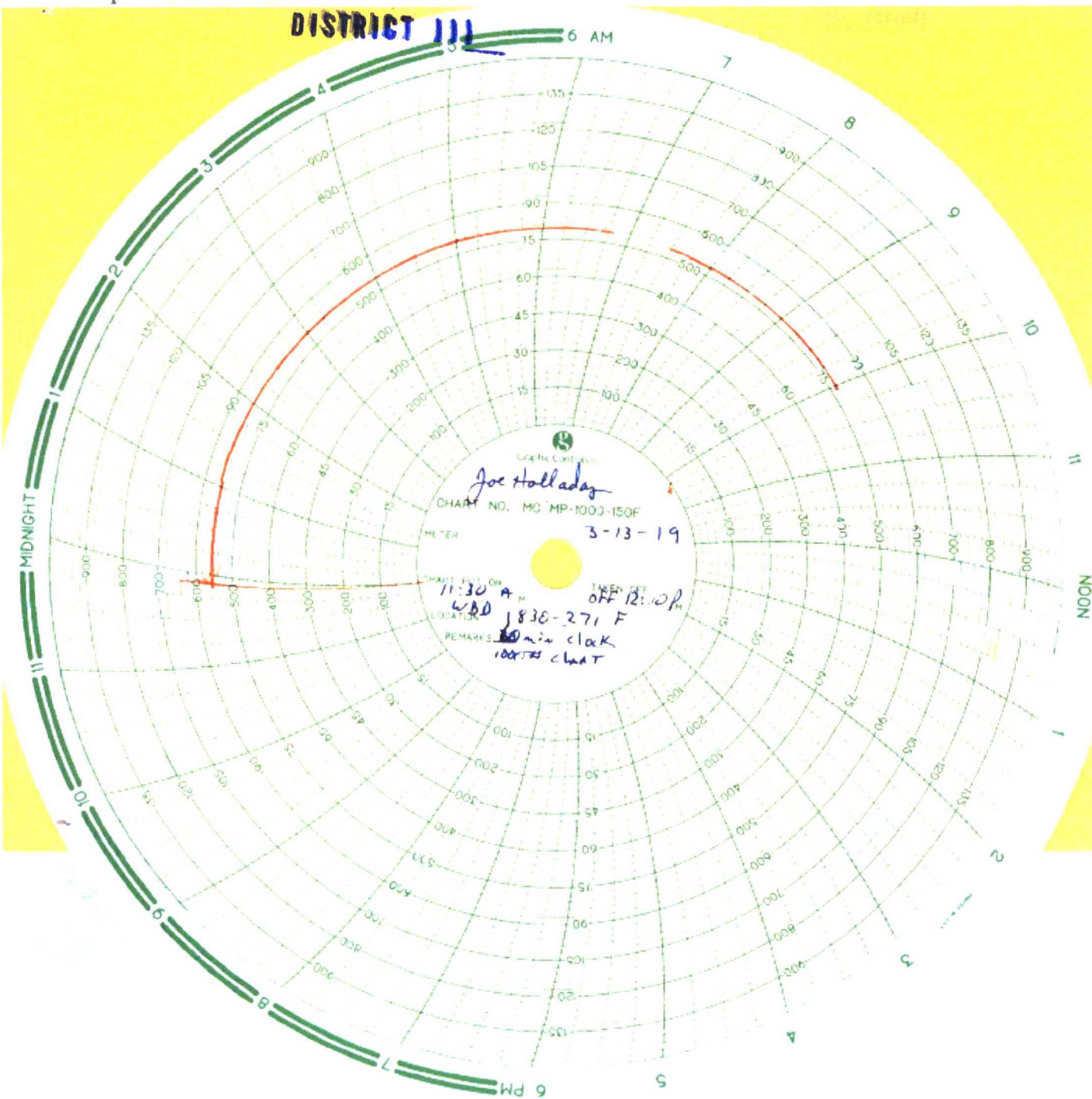
WBDU SWD 18 30 27 1 F
API: 30-021-20540

NMOCB

DEC 03 2019

DISTRICT III

6 AM



NOON

6 PM

Kuehling, Monica, EMNRD

From: Giussani, Alberto P <Albert_Giussani@oxy.com>
Sent: Monday, March 18, 2019 10:39 AM
To: Jones, William V, EMNRD
Subject: MIT FOR WBDU 18 30 27 1 F 30 021 20540
Attachments: MIT FOR WBDU 18 30 27 1 F 30 021 20540.doc

Mr. Jones,

We went ahead and got this MIT since after reviewing all the submitted info on this well I had some doubts on what would have been the last MIT actually submitted.

Please let me know if we are in full compliance now. As per the reperforating I am working with regulatory to submit a new c -108 .

Thank you