

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-021-20221
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		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
		8. Well No. 2132-211K
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
2. Name of Operator OXY USA Inc.		
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410		
4. Well Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>21</u> Township <u>21N</u> Range <u>32E</u> NMPM <u>HARDING</u> County		
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4780</u> <u>GR</u>

11. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>	

12. 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.				
YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	9/27	335#	1#	
1991	9/20	325#	0	
1992	9/16	325#	0	
1993	6/7	325#	0	
1994	6/17	325#	0	
1995				
1996	6/6	315#	0	
1997	4/14	315#	0	
1998	6/11	315#	0	
1999	6/16	320#	0	
2000	7/13	320#	0	
2001	1/11	320#	0	
2002	6/19	320#	0	
2003	8/18	315#	0	
2004	7/15	315#	0	

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

SIGNATURE <u>M. L. Clay</u>	TITLE <u>Well Analyst</u>	DATE <u>8/21/03</u>
TYPE OR PRINT NAME <u>M. L. CLAY</u>		TELEPHONE NO. <u>(505) 374-3058</u>
(This space for State Use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>9/13/04</u>
CONDITIONS OF APPROVAL, IF ANY:		