

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

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20534

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST BRAVO DOME UNIT

8. Well No.

19 29 14 1 J

9. Pool name or Wildcat

WEST BRAVO DOME CO2 GAS

1. Type of Well

OIL  
WELL ☐

GAS  
WELL ☐

OTHER ☐ CO<sub>2</sub> PRODUCER

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter J : 1750 Feet From The SOUTH Line and 1700 Feet From The EAST Line  
Section 14 Township 19N Range 29E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4531' GR

11. 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 ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☒ Yearly Bradenhead Test (TA Well)

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
2013	2/13	590 PSIG	0	
2014	2/13	590 PSIG	0	
2015	1/8	570 PSIG	0	
2016	2/10	430 PSIG	0	
2017	3/13	590 PSIG	0	
2018	3/22	595 PSIG	0	

TA EXTENDED  
To 4/1/19

CASING: 5 1/2" STEEL SET @ 2122'; TUBING: 2 3/8 FIBERGLASS WITH PACKER SET @ 1962.5 WITH 1.5 PROFILE NIPPLE

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

SIGNATURE

TITLE

Engineering Advisor

DATE

3/23/2018

TYPE OR PRINT NAME

A. Giussani

TELEPHONE NO.

805 638 1298

(This space for State Use)

APPROVED BY

TITLE

Engineer

DATE

3/23/18

CONDITIONS OF APPROVAL, IF ANY: