Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department		Form C-103 Revised 1-1-89	
<u>DISTRICT I</u>				WELL API NO. 30-021-20100
<u>DISTRICT II</u> P.O. Drawer DD,	NSTRICT II     Santa Fe, New Mexico 87504-2088       .O. Drawer DD, Artesia, NM 88210     5000000000000000000000000000000000000			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No.
(DO	NOT USE THIS FORM FOR DIFFERENT RE	NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPEN C ESERVOIR. USE "APPLICATION FOR PERI RM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well OIL WELL	GAS WEL		CO <sub>2 producer</sub>	BRAVO DOME CO2 GAS UNIT
2. Name of Operation	ator			8. Well No.
OXY USA Inc.				2032-291F
3. Address of Operator				9. Pool name or Wildcat
	). Box 303, AMISTAE	D, NEW MEXICO 88410		BRAVO DOME CO <sub>2</sub> GAS UNIT 640
<ol> <li>Well Location Unit Letter</li> </ol>	F : 1980	0 Feet From The NORTH	I Line and 1980	Feet From The WEST Line
Section	29	Township 20N	Range 32E NM	PM HARDING County
10. Elevation         (Show whether DF, RKB, RT, GR, etc.)           4724.9'         GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON     CHANGE PLANS     COMMENCE DRILLING OPNS.				S. PLUG AND ABANDONMENT
PULL OR ALTE	R CASING		CASING TEST AND CEMENT	JOB
OTHER:			OTHER: Yearly Bradenhead Te	est (TA Well) X
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.				
	5/24 370# 7/8 370# 8/27 360# 6/22 360# 8/10 365# 1/10 365# 1/10 366# 7/23 360# 7/23 360# 7/23 360# 7/26 360# 11/13 370# 1/22 360# 10/31 360# 10/31 360# 10/31 360# 10/31 360# 10/12 360# 8/28 355# 8/27 350# 9/14 370# 9/15 370# 9/13 380# 9/15 350#			
I hereby certif SIGNATURE	gran e	is true and complete to the best of my kno TITLE	wledge and belief. SR ENG ADVISOR	DATE 9/24/2019
TYPE OR PRINT N	I AL GIUSSANI			TELEPHONE NO. (806)894 0200
(This space for State Use)				
APPROVED BY	Dean McClure	Dean & Millure TITLE	Petroleum Specialist	date 9/25/2019