

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.**

**30-021-20410**

**5. Indicate Type of Lease**

**STATE** ☒ **FEE** ☐

**6. State Oil & Gas Lease No.**

**7. Lease Name or Unit Agreement Name**

**BRAVO DOME CO<sub>2</sub> GAS UNIT**

**8. Well No.**

**1832-221K**

**9. Pool name or Wildcat**

**BRAVO DOME CO<sub>2</sub> GAS UNIT 640**

**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.)

**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** **K** **:** **1700** **Feet From The** **South** **Line and** **1700** **Feet From The** **WEST** **Line**  
**Section** **22** **Township** **18N** **Range** **32E** **NMPM** **HARDING** **County**

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

**4578.2'** **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**

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2011	4/5	425#		
2011	10/25	415#		
2012	9/10	420#		
2013	9/4	405#		
2014	8/20	450#		
2015	9/9	440#		
2016	8/23	420#		
2017	8/7	415#		
2018	9/24	380#		
2019	9/15	420#		

Extending TA Approval to 9/30/2020

NO TUBING - 5 1/2" FG

I hereby certify \_\_\_\_\_ is true and complete to the best of my knowledge and belief.

**SIGNATURE**  **TITLE** **SR ENG ADVISOR** **DATE** **9/24/2019**

**TYPE OR PRINT NAME** **AL GIUSSANI** **TELEPHONE NO.** **(806)894 0200**

(This space for State Use)

**APPROVED BY** **Dean McClure**  **TITLE** **Petroleum Specialist** **DATE** **9/25/2019**

**CONDITIONS OF APPROVAL, IF ANY:**