

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.

30-021-20481

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO₂ GAS UNIT

8. Well No.

1930-221G

9. Pool name or Wildcat

BRAVO DOME CO₂ GAS UNIT 160

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

CO₂ 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 G : 1700 Feet From The North Line and 1700 Feet From The East Line
Section 22 Township 19N Range 30E NMPM HARDING County

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

4468'

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	205#		
2011	9/14	200#		
2012	9/10	510#		
2013	9/4	520#		
2014	8/20	520#		
2015	9/15	500#		
2016	9/15	500#		
2017	8/3	540#		
2018	9/24	525#		
2019	9/15	500#		

Extending TA Approval to 9/30/2020

NO TUBING - 5 1/2" FG

I hereby certify that _____'s true and complete to the best of my knowledge and belief.

SIGNATURE AL GIUSSANI 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: