

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.**

**30-021-20483**

**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.**

1930-281G

**9. Pool name or Wildcat**

BRAVO DOME CO<sub>2</sub> 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 ☐ 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 G : 1700 Feet From The North Line and 1700 Feet From The East Line  
Section 28 Township 19N Range 30E NMPM HARDING County

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

4448.6' 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	555#		
2011	9/14	545#		
2012	9/10	555#		
2013	8/28	550#		
2014	8/20	570#		
2015	9/15	570#		
2016	8/23	565#		
2017	8/3	542#		
2018	9/13	540#		
2019	9/15	520#		

NO TUBING - 5 1/2" FG

Extending TA Approval to 9/30/2020

I hereby certify that the foregoing is 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: