

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**

**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** ☐ **GAS** ☐ **OTHER** **CO2**

**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#		

This approval for temporary abandonment  
expires **9/30/2013**

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

**SIGNATURE** M. L. Clay **TITLE** **Well Analyst** **DATE** **11/05/12**  
**TYPE OR PRINT NAME** **M. L. CLAY** **TELEPHONE NO.** **(505) 374-3058**

(This space for State Use)

**APPROVED BY** Ed Martin **TITLE** **DISTRICT SUPERVISOR** **DATE** **11/20/2012**  
**CONDITIONS OF APPROVAL, IF ANY:**