

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 October 13, 2009

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>CO<sub>2</sub> PRODUCER</u>		WELL API NO. <b>30-021-20049</b>
2. Name of Operator <b>OXY USA Inc.</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>P.O. Box 303, AMISTAD, NM 88410</b>		6. State Oil & Gas Lease No. <b>STATE GY</b>
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>18</u> Township <u>19N</u> Range <u>32E</u> NMPM <u>HARDING</u> County		7. Lease Name or Unit Agreement Name <b>BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>GL: 4575.6'</b>		8. Well Number <b>181</b> 9. OGRID Number <b>16696</b>
10. Pool name or Wildcat <b>BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA</b>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: COMPLETE TA OPERATIONS <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**ACTUAL WORK:**

7/21/2016 RIGGED UP TO REPAIR POSSIBLE TUBING/PACKER LEAK. RECOVERED 70 JTS OF 2 3/8" FIBERGLASS TUBING + ON OFF TOOL AND PACKER. ATTEMPTED TO SET NEW PACKER IN 4 1/2" LINER UNSUCCESSFUL. POSSIBLE ISSUES WITH 4 1/2" LINER.  
 7/26/2016 TRIP OUT OF HOLE WIT H4 1/2" PACKER AND 2 3/8" TUBING, LAY DOWN. SET 7" PACKER WITH 2-20 BLANKING PLUG @ 1850' TO TEMPORARILY TA.

7/27/2016 PRESSURE TEST, INITIAL PRESSURE 550 PSI - 30 MINUTES 540 PSI. SEE ENCLOSED CHART

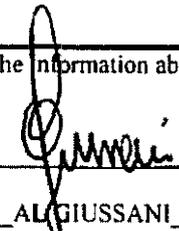
**WELLBORE SCHEMATICS:**

SURFACE: 9 5/8" SET @ 351' WITH 175 SX, CIRCULATED 20 SX  
 PRODUCTION: 7" SET @ 2150', CEMENTED TO SURFACE WITH 600 SX  
 PARTIAL LINER: 4 1/2" SET FROM 1951' TO 2407' WITH 60 SX

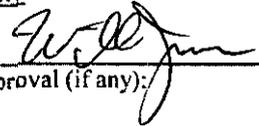
Spud Date: 7/21/2016 Rig Release Date: 7/27/2016

TA EXPIRES 8/1/17

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

SIGNATURE  TITLE SR ENG ADVISOR DATE 08/09/2016

Type or print name AL GIUSSANI E-mail address: albert\_giussani@oxy.com PHONE: 806-638-1296  
**For State Use Only**

APPROVED BY:  TITLE DIST IV DATE 8/15/16

Conditions of Approval (if any):



BDU 1932-1816

API# 30-021-20049  
Initial test pressure - 550#  
Final test pressure - 540#

7" pipe - 1850'  
w/25 blanking pipe

7/27/16

B. Holladay  
Brian Holladay

