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.
30-059-20533

5. Indicate Type of Lease
STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
L06193

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.)

7. Lease Name or Unit Agreement Name
BRAVO DOME CO2 GAS UNIT

1. Type of Well
GAS WELL [ ] OIL WELL [ ] OTHER CO_2

2. Name of Operator
OXY USA Inc.

8. Well No.
2433-28 1 G

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location
Unit Letter G : 2327 Feet From The NORTH Line and 2166 Feet From The EAST Line

Section 28 Township 24N Range 33E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5193.4' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Yearly Bradenhead Test (TA Well)	[x]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2014	9/16	290 PSIG	0	
2015	3/15	79 PSIG	0	(WELL VENTED AND THEN SHUT IN)
2016	2/29	290 PSIG	0	
2017	3/14	286 PSIG	0	

TA will EXPIRE 4/1/18

5 1/2" FIBERGLASS PRODCUTION CASING - NO TUBING

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

SIGNATURE [signature] TITLE Engineering Advisor DATE 3/15/2017

TYPE OR PRINT NAME Al Giussani TELEPHONE NO. 806 638 1296

(This space for State Use)

APPROVED BY [signature] TITLE DIST IV ENGineer DATE 24 March 2017

CONDITIONS OF APPROVAL, IF ANY: