

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	
1	Submit 3 Copies to Appropriate District Office															State of New Mexico Energy, Minerals, and Natural Resources Department															Form C-103 Revised 1-1-89				
5	DISTRICT I															OIL CONSERVATION DIVISION															WELL API NO. 30-021-20145				
6	P.O. Box 1980, Hobbs, NM 88240															P.O. Box 2088 Santa Fe, New Mexico 87504-2088															5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>				
9	DISTRICT II																														6. State Oil & Gas Lease No.				
10	P.O. Drawer DD, Artesia, NM 88210																														7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT				
13	DISTRICT III																														8. Well No. 1933-351G				
14	1000 Rio Brazos Rd., Aztec, NM 87410																														9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT 640				
17	SUNDRY NOTICES AND REPORTS ON WELLS																																		
18	(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.)																																		
22	1. Type of Well																																		
24	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 PRODUCER																																		
27	2. Name of Operator																																		
29	OXY USA Inc.																																		
32	3. Address of Operator																																		
34	P.O. Box 303, AMISTAD, NEW MEXICO 88410																																		
37	4. Well Location																																		
38	Unit Letter <u>G</u> : 1980 Feet From The <u>NORTH</u> Line and 1980 Feet From The <u>EAST</u> Line																																		
40	Section <u>35</u> Township <u>19N</u> Range <u>35E</u> <u>33E</u> NMPM <u>IIARDING</u> County																																		
43	10. Elevation (Show whether DF, RKB, RT, GR, etc.)																																		
44	<u>4826</u> <u>GR</u>																																		
47	11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																		
49	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:																																		
51	PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>																																		
53	TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>																																		
55	PULL OR ALTER CASING <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/>																																		
57	OTHER: <input type="checkbox"/> OTHER: Yearly Bradenhead Test (EXTENSION TA STATUS) <input checked="" type="checkbox"/>																																		
60	12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)																																		
61	SEE RULE 1103.																																		
62	YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME																																		
63																																			
64	2014 8/20 0# No tubing in well																																		
65	2015 9/3 0# No tubing in well																																		
66	2016 8/23 0# No tubing in well																																		
67	2017 10/25 0# No tubing in well																																		
68	TEMPERATURE LOG TO DETERMINE FLUID TOP ALSO SUBMITTED																																		
69																																			
70																																			
71																																			
72																																			
73																																			
74																																			
75																																			
76																																			
77																																			
78																																			
79																																			
81	I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																		
83	SIGNATURE <u>[Signature]</u> TITLE <u>Sr Engineering Advisor</u> DATE <u>10/25/2017</u>																																		
86	TYPE OR PRINT NAME <u>Al Gibson</u> TELEPHONE NO. <u>608 894 0200</u>																																		
89	(This space for State Use)																																		
90	APPROVED BY <u>[Signature]</u> TITLE <u>Dist IV</u> DATE <u>10/26/2017</u>																																		
91	CONDITIONS OF APPROVAL, IF ANY:																																		
92																																			