

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

WELL API NO. <b>30-059-20204</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)</b>
8. Well Number <b>321 (SWD)</b>
9. OGRID Number <b>16696</b>
10. Pool name or Wildcat <b>BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA</b>

**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 **DISPOSAL WELL**

2. Name of Operator  
**OXY USA Inc.**

3. Address of Operator  
**P.O. Box 303, AMISTAD , NM 88410**

4. Well Location  
 Unit Letter **A** : **956** feet from the **NORTH** line and **956** feet from the **EAST** line  
 Section **32** Township **19N** Range **34E** NMPM **UNION** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**GL: 4912'**

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

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

7/25/2018  
 MIRU pump & water tank  
 Pump 1/2 of a bbl to load well  
 Pressure up well to 450 PSI  
 Bleed of to 430#  
 Run chart for 35 Min (SEE ENCLOSED CHART)  
 Bleed pressure off well  
 Shut down chart recorder  
 Rig down pump and water tank

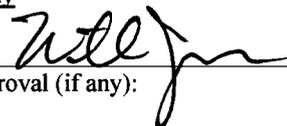
SWD-357

Spud Date:  Rig Release Date:

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 08/16/2018

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

**For State Use Only**  
 APPROVED BY:  TITLE Engin DATE 8/16/18  
 Conditions of Approval (if any):

RECORDER CHART

