

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.

30-021-20356

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.

1833-052J

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
WELL ☐

GAS
WELL ☐

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 J : 1650 Feet From The South Line and 1650 Feet From The East Line
Section 5 Township 18 Range 33 NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4755.8

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: Temp delay in drilling completion

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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)

Install 8 5/8 x 2" swedge on existing 8 5/8 steel casing, 5' - 2" steel pipe riser to 0 to 500 psi gauge to monitor casing pressure until completion of drilling activities in early 2007. Will take casing pressure readings on a monthly schedule, input in data base for inspection at any time by the NMOCD.

Above plan per phone discussion with Ed Martin (NMOCD)

E-mail copy of C-103 to Ed Martin with signed hard copy to follow.

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

SIGNATURE James E. Corley

TITLE Production Team Leader

DATE 10/03/2006

TYPE OR PRINT NAME James E. Corley

TELEPHONE NO. (505) 374-3052

(This space for State Use)

APPROVED BY Ed Martin

TITLE DISTRICT SUPERVISOR

DATE 10.16.06

CONDITIONS OF APPROVAL, IF ANY: