

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	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-021-2008 8																																																																											
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>																																																																											
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.																																																																											
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 OIL <input type="checkbox"/> WELL      GAS <input type="checkbox"/> WELL      OTHER <input type="checkbox"/> CO2		8. Well No. 1931-011G																																																																											
2. Name of Operator OXY USA Inc.		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																																																											
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																																													
4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section I Township 19N Range 31E NMPM HARDING County																																																																													
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4598 GR																																																																													
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																																													
NOTICE OF INTENTION TO:																																																																													
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>																																																																											
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>																																																																											
PULL OR ALTER CASING <input type="checkbox"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>																																																																											
OTHER: <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>																																																																											
		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>																																																																											
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.																																																																													
<table><thead><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr></thead><tbody><tr><td>1990</td><td>6/29</td><td>445#</td><td>0</td><td></td></tr><tr><td>1991</td><td>6/19</td><td>445#</td><td>0</td><td></td></tr><tr><td>1992</td><td>6/17</td><td>435#</td><td>0</td><td></td></tr><tr><td>1993</td><td>5/27</td><td>435#</td><td>0</td><td></td></tr><tr><td>1994</td><td>6/2</td><td>435#</td><td>0</td><td></td></tr><tr><td>1995</td><td>6/30</td><td>435#</td><td>0</td><td></td></tr><tr><td>1996</td><td>5/24</td><td>435#</td><td>0</td><td></td></tr><tr><td>1997</td><td>7/8</td><td>435#</td><td>0</td><td></td></tr><tr><td>1998</td><td>8/27</td><td>430#</td><td>0</td><td></td></tr><tr><td>1999</td><td>6/22</td><td>435#</td><td>0</td><td></td></tr><tr><td>2000</td><td>8/10</td><td>435#</td><td>0</td><td></td></tr><tr><td>2001</td><td>1/10</td><td>435#</td><td>0</td><td></td></tr><tr><td>2002</td><td>6/18</td><td>435#</td><td>0</td><td></td></tr><tr><td>2003</td><td>7/23</td><td>435#</td><td>0</td><td></td></tr></tbody></table>			YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	1990	6/29	445#	0		1991	6/19	445#	0		1992	6/17	435#	0		1993	5/27	435#	0		1994	6/2	435#	0		1995	6/30	435#	0		1996	5/24	435#	0		1997	7/8	435#	0		1998	8/27	430#	0		1999	6/22	435#	0		2000	8/10	435#	0		2001	1/10	435#	0		2002	6/18	435#	0		2003	7/23	435#	0	
YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME																																																																									
1990	6/29	445#	0																																																																										
1991	6/19	445#	0																																																																										
1992	6/17	435#	0																																																																										
1993	5/27	435#	0																																																																										
1994	6/2	435#	0																																																																										
1995	6/30	435#	0																																																																										
1996	5/24	435#	0																																																																										
1997	7/8	435#	0																																																																										
1998	8/27	430#	0																																																																										
1999	6/22	435#	0																																																																										
2000	8/10	435#	0																																																																										
2001	1/10	435#	0																																																																										
2002	6/18	435#	0																																																																										
2003	7/23	435#	0																																																																										
I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																																																													
SIGNATURE <u>M. L. Clay</u> TITLE Well Analyst		DATE 8/21/03																																																																											
TYPE OR PRINT NAME M. L. CLAY		TELEPHONE NO. (505) 374-3058																																																																											
(This space for State Use) APPROVED BY <u>[Signature]</u> TITLE DISTRICT SUPERVISOR		DATE 9/5/03																																																																											
CONDITIONS OF APPROVAL, IF ANY:																																																																													