FO. Box 700, Hose, NM 8340 F.O. Box 2088 S.0-021-2088 S. Indicate Type of Lesse FEE	Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department				Form C-103 Revised 1-1-89		
STATE FEE STATE FEE	<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240							
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THEIR SCRIN FOR INFORMATION OF DESPETS ON WELLS (DO NOT USE THE OF THE ORDIN	•				ţ			
(CO NOT USE THIS PORM FOR PROPOSALS TO DRILL OR TO DEPREND TO A DIFFERENT EMERSIVED. USE PROPOSALS) 1. Type of Well	<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410					6. State Oil & Gas Lease No.		
1. Type of Well							1	
1. Type of Well	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name	<i>></i>	
West	1. Type of Well					BRAVO DOME CO2 GAS UNIT		
19.1-011G			OTHER	CO2	١			
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 8:3410 4. Well Location Unit Later Section 1	2. Name of Operator			· ******		8. Well No.		
P.O. Box 303, AMISTAD, NEW MEXICO 83410 BRAVO DOME CO2 GAS UNIT	OXY USA Inc.					1931-011G	_	
Unit Letter G								
Section Township 1910 Range 1111 NIMEPM JIARDINNT County		1090 East From The	NOPTU	I ing an	4 1080	Fast From The EAST Line	╢	
10. Elevation							li	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS CASING TEST AND CEMENT JOB OTHER: COMMENCE DRILLING OPNS CASING TEST AND CEMENT JOB OTHER: COMMENCE DRILLING OPNS CASING TEST AND CEMENT JOB OTHER: CASING TEST OTHER: CASING TEST OTHER: CASING TEST OTHER: CASING TEST AND CEMENT JOB OTHER: CASING TEST OTHER OTHER OTHER OTHER							-	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		<u> </u>	·				ا .	
PERFORM REMEDIAL WORK								
Commence Drilling Opns.	·	F INTENTION TO:		•	SUBSE	QUENT REPORT OF:		
CASING TEST AND CEMENT JOB	PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL	WORK	ALTERING CASING	_{	
OTHER:	TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS					PLUG AND ABANDONMENT		
12. Describe Proposed or Completed Operations SEE RULE 1103. 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 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 1999 6/22 435# 0 1999 6/22 435# 0 1999 6/22 435# 0 1999 6/22 435# 0 1999 6/22 435# 0 1900 8/10 435# 0 2001 1/10 435# 0 2002 6/18 435# 0 2002 6/18 435# 0 2002 6/18 435# 0 2003 7/23 435# 0 2004 7/23 435# 0 2005 6/18 435# 0 2006 6/18 435# 0 2007 6/18 435# 0 2	PULL OR ALTER CASING CASING TEST AND CEMEN				ST AND CEMENT J	OB	ŀ	
YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME 1990 6/29	OTHER: OTHER: Yearly Bradenhead					st (TA Well)		
1990 6/29								
1991			CSG. PRI	SS. BLE	ED DOWN T	IME] [
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 2003 7/23 435# 0 2006 6/18 435# 0 2007 6/18 435# 0 2008 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2000 7/23 435# 0 2001 1/10 435# 0 2002 6/18 435# 0 2003 7/23 435# 0 2004 7/23 435# 0 2005 6/18 435# 0 2006 6/18 435# 0 2007 6/18 435# 0 2008 7/23 435# 0 3008 7/23 435# 0 4309 7/23 435# 0 5009 7/23 7/23 7/23 5009 7/23 7/23 7/23 5009 7/23 7/23 7/23 5009 7/23 7/23 5009 7/23 7/23 7/23 5009 7/2			_) I	
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 2001 1/10 435# 0 2002 6/18 435# 0 2002 6/18 435# 0 2003 7/23 435# 0 2003 7/23 435# 0 2007 6/18 435# 0 2008 6/18 435# 0 2009 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18 435# 0 2009 6/18	l 1		0					
1994	l 1		0				H	
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 Thereby certify that the information above is to add complete to the best of my knowledge and belief. Signature			Ŏ]]	
1997			Ō					
1998	1996 5/24	435#	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 Thereby certify that the information above-is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Analyst DATE 8/21/03 TYPE OR PRINT NAME M. CLAY TELEPHONE NO. (506) 374-3058 TITLE DISTRICT SUPERVISOR DATE 9/5/03	J		0]]	
2000 8/10 435# 0 2001 1/10 435# 0 2002 6/18 435# 0 2003 7/23 435# 0 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Analyst DATE 8/21/03 TYPE OR PRINT NAME M. CLAY TELEPHONE NO. (506) 374-3058 (This space for State Use) APPROVED BY TITLE DISTRICT SUPERVISOR DATE 9/5/63			0					
2001 1/10 435# 0 2002 6/18 435# 0 2003 7/23 435# 0 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			0					
2002 6/18 435# 0 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	1 1		ں م					
2003 7/23 435# 0 Thereby certify that the Information above is true and complete to the best of my knowledge and belief. SIGNATURE			0					
SIGNATURE			=					
SIGNATURE								
TYPE OR PRINT NAME M. CLAY TELEPHONE NO. (505) 374-3058 (This space for State Use) APPROVED BY TITLE DISTRICT SUPERVISOR DATE 9/5/03	I hereby certify that the information abo	ye is true and complete to the be	est of my knowled	ge and belief.			<u></u> [
(This space for State Use) APPROVED BY APPROVED BY APPROVED BY APPROVED BY APPROVED BY APPROVED BY	SIGNATURE M.	Elay 1	TITLE	Well Analyst		DATE 8/21/03		
	TYPE OR PRINT NAME M. CLAY	611				TELEPHONE NO. (505) 374-3058		
		John	ппсе ()	STRICT	SUPERVI	SOR DATE 9/5/03	-	
CONDITIONS OF APPROVAL, IF ANY:	CONDITIONS OF APPROVAL, IF ANY:							