

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. 30-021-20075																																																																												
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2		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																																																																												
2. Name of Operator OXY USA Inc.																																																																																
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410				8. Well No. 1832-101G																																																																												
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>18N</u> Range <u>32E</u> NMPM <u>Harding</u> County				9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																																																												
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4620.4</u> <u>GR</u>																																																																																
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"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>			SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <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 border="1" style="width:100%; border-collapse: collapse;"><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>1994</td><td>5/27</td><td>420#</td><td>0</td><td></td></tr><tr><td>1995</td><td>6/9</td><td>420#</td><td>0</td><td></td></tr><tr><td>1996</td><td>5/22</td><td>420#</td><td>0</td><td></td></tr><tr><td>1997</td><td>5/21</td><td>0</td><td>0</td><td></td></tr><tr><td>1998</td><td>9/3</td><td>0</td><td>0</td><td></td></tr><tr><td>1999</td><td>6/24</td><td>0</td><td>0</td><td></td></tr><tr><td>2000</td><td>9/6</td><td>0</td><td>0</td><td></td></tr><tr><td>2001</td><td>1/8</td><td>0</td><td>0</td><td></td></tr><tr><td>2002</td><td>6/18</td><td>0</td><td>0</td><td></td></tr><tr><td>2003</td><td>8/12</td><td>0</td><td>0</td><td></td></tr><tr><td>2004</td><td>7/15</td><td>0</td><td>0</td><td></td></tr><tr><td>2005</td><td>8/10</td><td>0</td><td>0</td><td></td></tr><tr><td>2006</td><td>7/26</td><td>0</td><td>0</td><td></td></tr><tr><td>2007</td><td>11/13</td><td>0</td><td>0</td><td></td></tr></tbody></table> <p>No longer T/A -- pipeline extended to well and well is producing</p>						YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	1994	5/27	420#	0		1995	6/9	420#	0		1996	5/22	420#	0		1997	5/21	0	0		1998	9/3	0	0		1999	6/24	0	0		2000	9/6	0	0		2001	1/8	0	0		2002	6/18	0	0		2003	8/12	0	0		2004	7/15	0	0		2005	8/10	0	0		2006	7/26	0	0		2007	11/13	0	0	
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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 <u>Well Analyst</u>		DATE <u>1/27/09</u>																																																																												
TYPE OR PRINT NAME <u>M. L. CLAY</u>		TELEPHONE NO. <u>(505) 374-3058</u>																																																																														
(This space for State Use)																																																																																
APPROVED BY <u>L. J. Martin</u>		TITLE DISTRICT SUPERVISOR		DATE <u>2/6/09</u>																																																																												
CONDITIONS OF APPROVAL, IF ANY:																																																																																