

Submit 3 Copies
 Appropriate
 District Office

State of New Mexico
 Energy, Minerals, and Natural Resources Department

Form C-103
 Revised 1-1-89

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

STRICT I
 P.O. Box 1980, Hobbs, NM 88240

STRICT II
 P.O. Box 1980, Artesia, NM 88210

STRICT III
 30 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
 30-021-20104

5. Indicate Type of Lease
 STATE FEE

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

Type of Well
 OIL WELL GAS WELL OTHER CO2

8. Well No.
 1831-161F

Name of Operator
 OXY USA Inc.

9. Pool name or Wildcat
 BRAVO DOME CO2 GAS UNIT

Address of Operator
 P.O. Box 303, AMISTAD, NEW MEXICO 88410

Well Location
 Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The East Line
 Section 16 Township 18N Range 31E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4340 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>	

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.)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/22	525#	0	
1991	6/17	530#	0	
1992	6/17	515#	0	
1993	5/25	515#	0	
1994	5/27	510#	0	
1995	6/9	510#	0	
1996	5/23	510#	0	
1997	5/21	510#	0	
1998	7/22	510#	0	
1999	6/24	510#	0	
2000	9/6	510#	0	
2001	1/8	510#	0	
2002	6/18	510#	0	

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

SIGNATURE M. J. Clay TITLE Well Analyst DATE 6/20/02

NAME OR PRINT NAME M. J. CLAY TELEPHONE NO. (505) 374-3058

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 6/27/02

CONDITIONS OF APPROVAL, IF ANY: