

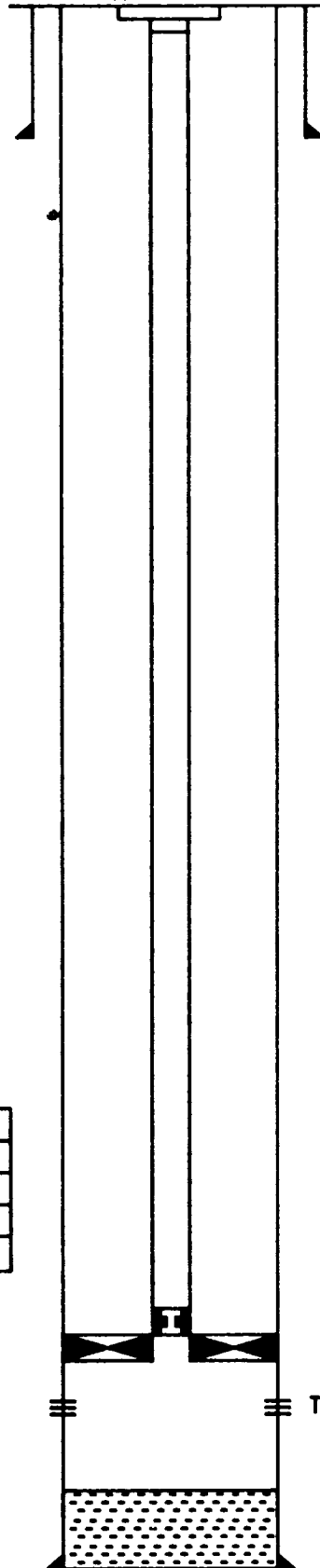
WEST BRAVO DOME CDU #10
 1650' FNL & 1880' FNL SEC 3 T19N R29E

ELEVATION: KB: 4687'
 GL: 4677'

Ø 5/8" SURFACE CASING @ 590'
 CNTD W/ 500 SX CNT. CIRC.

1 - 2 3/8" SN	1.10
1 - 2 3/8" X 5 1/2" GUIB UNI VI	6.60
64 - JTS 2 3/8" 4.7# J55 TBG	1958.45
TOTAL	1966.15
KB	10.00
SET AT	1976.15

	SURFACE	PRODUCTION	TUBING
SIZE	Ø 5/8"	5 1/2"	2 3/8"
WEIGHT	24 #	14 #	4.7 #
GRADE	K-55	K-55	J-55
THREAD	STGC	STGC	Ø-d EUE
DEPTH	590'	2346'	1976'



5 1/2" PACKER @ 1976'
 TUBG PERFS (2072' - 2094')

PREP'D BY: JOE M. FLEMING
 DATE : MAY 15, 1991

PBTD @ 2300'
 5 1/2" CSG @ 2346' CNTD W/ 675 SX
 TD @ 2361' CNT CIRC

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 - 20123

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
L5813

7. Lease Name or Unit agreement Name

WEST BRAVO DOME CDG UNIT

8. Well No. 10

9. Pool name or Wildcat
WEST BRAVO DOME

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 SUPPLY

2. Name of Operator OXY USA INC.

3. Address of Operator P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter F : 1,650 Feet From The NORTH Line and 1,880 Feet From The WEST Line
Section 3 Township 19 N Range 29 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,677

11. 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"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: YEARLY BRADENHEAD TEST (SI) <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.

TD - 2351'	PBTD - 2300'	YEAR	DATE	TBG PSI	CSG PSI	BD TIME
PERFS - 2072' - 2094'		1990	11/28	615	0	
		1991	11/9	565	0	
		1992	9/21	610	0	
		1993	9/21	630	0	
		1994				
		1995				
		1996				
		1997				
		1998				
		1999				
		2000				

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 10 01 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)
APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 10-7-93
CONDITIONS OF APPROVAL, IF ANY: