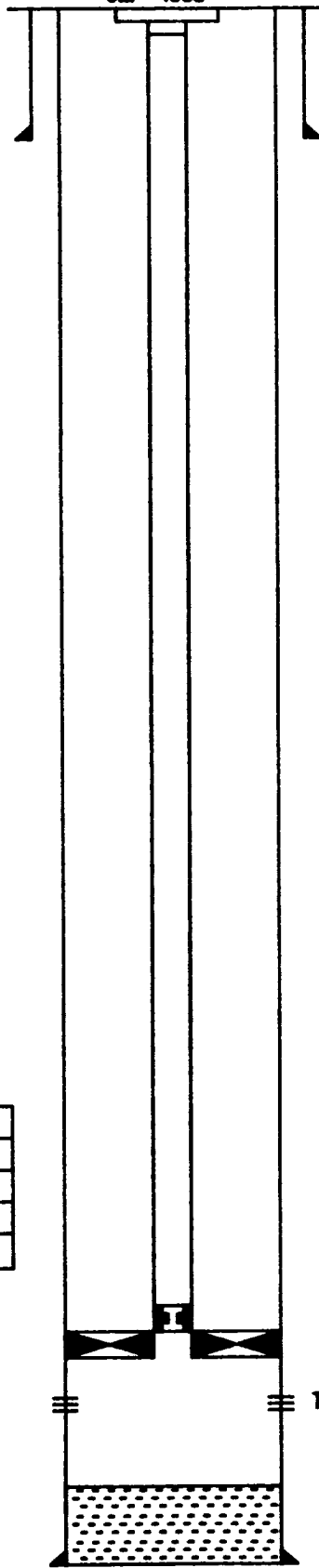


WEST BRAVO DOME CARBON DIOXIDE UNIT #7  
 1650' FNL & 990' FEL SEC 16 T19N R29E

ELEVATION: KB: 4695'  
 GL: 4685'



8 5/8" SURFACE CASING @ 600'  
 CMTD W/ 500 SX CMT. CIRC.

1 - 2 3/8" SN	1.10
1 - 2 3/8" X 5 1/2 GUTB UNI VI	6.00
59 - JTS 2 3/8" 4.7# J55 T86	1981.49
<b>TOTAL</b>	<b>1988.59</b>
<b>KB</b>	<b>10.00</b>
<b>SET AT</b>	<b>1998.59</b>

	SURFACE	PRODUCTION	TUBING
SIZE	8 5/8"	5 1/2"	2 3/8"
WEIGHT	24 #	14 #	4.7 #
GRADE	K-55	K-55	J-55
THREAD	ST&C	ST&C	8rd EUE
DEPTH	600'	2400'	1988'

5 1/2" PACKER @ 1999'  
 TUBB PERFS (2053'- 2149')

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

PBTD @ 2100'  
 5 1/2" CSG @ 2400' CMTD W/ 700 SX  
 TD @ 2400' CMT CIRC

Submit 3 Copies  
to Appropriate  
District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

WELL API NO. 30 - 021 - 20124  
5. Indicate Type of Lease  
STATE  FEE   
6. State Oil & Gas Lease No.  
L5811

**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 H : 1,650 Feet From The NORTH Line and 900 Feet From The EAST Line  
Section 16 Township 19 N Range 29 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4,685

7. Lease Name or Unit agreement Name

WEST BRAVO DOME CDG UNIT

8. Well No. 7

9. Pool name or Wildcat  
WEST BRAVO DOME

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 - 2400' PBDT - 2350'	YEAR	DATE	TBG PSI	CSG PSI	BD TIME
PERFS - 2053' - 2149'	1990	11/27	500	0	
	1991	10/25	560	0	
	1992	9/21	530	0	
	1993	9/21	460	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 Johnson TITLE DISTRICT SUPERVISOR DATE 10-7-93  
CONDITIONS OF APPROVAL, IF ANY: