

Submit 3 Copies  
to Appropriate  
District Office

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

District II  
P.O. Box 1980, Hobbs, NM 88240

District III  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-103  
Revised 1-1-89

WELL API NO.	30 - 021 - 20191
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	L5852
7. Lease Name or Unit agreement Name	WEST BRAVO DOME CDG UNIT
8. Well No.	17
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 G : 1,786 Feet From The NORTH Line and 2,364 Feet From The EAST Line  
 Section 33 Township 19 N Range 29 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
 5,395

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: <u>CASING INTEGRITY TEST</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Complete Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.  
 TD - 2990' PBD - 2990' PERFS - 2812'-2866'

MIRU PU, POOH W/ TBG, REPLACE 2 JTS TBG & 3 COLLARS. RIH W/ TBG, CIRC W/ PKR FLUID, LATCH INTO PACKER @ 2695', TEST CSG TO 550#, HELD OK. RDPU, SIW.

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

SIGNATURE David Stewart TITLE Production Accountant DATE 11 26 91  
 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 12-9-91  
 CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
 TEMPORARY ABANDONMENT STATUS EXPIRES 11-1-92



West Branch Dome  
Lab #33 719 N. Range  
Howling Co. New Mexico  
State Inspector's Office  
State Inspector's Office  
Pressure 0 lbs.  
Pressure 30 lbs.  
Pressure 50 lbs.

4-5-1