

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.

30-021-20382

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1832-051G

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT 640

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

WELL ☐

WELL ☐

OTHER

CO₂ PRODUCER

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter G : 1698 Feet From The North Line and 1980 Feet From The East Line
Section 5 Township 18N Range 32E NMPM Harding County

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

4532 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Yearly Bradenhead Test (TA Well) ☒

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.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2014	9/15	340#	365#	
2015	9/9	310#	0	
2016	8/23	310#	0	
2017	11/3	300#	300#	

TA Expires 10/30/2018

5 1/2' FG CASING SET @ 2154'; BELOW ACROSS PAY SECTION 3 JOINTS J-55 STEEL +SHOE & FLOAT SET @ 2253"
2 3/8" FG TUBING, 72 JOINTS, OPEN ENDED.

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

SIGNATURE

TITLE

Sr. Engineering Advisor

DATE

11/1/2017

TYPE OR PRINT NAME

A. Guesada

TELEPHONE NO

806 894 0200

(This space for State Use)

APPROVED BY

Will Jones

TITLE

Engineer

DATE

11/6/2017

CONDITIONS OF APPROVAL, IF ANY.