Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District 1I	OIL CONSERVATION DIVI	ISION	30-021-20049
District III	1220 South St. Francis D		5. Indicate Type of Lease STATE ☑ FEE ☐
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			STATE GY
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		7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: CO ₂ PRODUCER		8. Well Number 181	
2. Name of Operator OXY USA INC		9. OGRID Number 16696	
3. Address of Operator		10. Pool name or Wildcat	
P.O. Box 303, Amistad , New Mexico 88410		BRAVO DOME CARBON DIOXIDE GAS 640 - 96010	
4. Well Location			
Unit Letter_G:1980feet from the NORTH line and1980feet from theEASTline Section 18 Township 19 N Range 32 E NMPM County HARDING			
Section 18 Township 19 N Range 32 E NMPM County HARDING 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
4575' (GL)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CASING/CEMENT JOB CASING/CEMENT JOB COMMENCE DRILLING OPNS.			
OTHER:	□ ОТН	ER:	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
SEE ENCLOSED:			10/21/18
WELLBORE SCHEMATIC FOR ACTUAL PA			
GENERAL WELL INFORMATION			
SUMMARY OF CEMENT PLUGS			
Spud Date: 6/16/1979	Rig Release Date:		
Sput Bate.	Rig Release Bate.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
D.			
SIGNATURE	TITLE Engine	ering Advisor	rDATE _10/24/2018
Type or print name _AL GIUSSANI	E-mail address: _alber	t_giussani@	oxy.com PHONE: 806 894-0200
For State Use Only	~	_	~ ~
APPROVED BY: Conditions of Approval (if any):	nor TITLE Exqui	con	DATE 10/26/18