

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.**

**30-021-20486**

**5. Indicate Type of Lease**

**STATE** ☐

**FEE** ☒

**6. State Oil & Gas Lease No.**

**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

**2. Name of Operator**

OXY USA Inc.

**8. Well No.**

**2131-361G**

**3. Address of Operator**

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

**9. Pool name or Wildcat**

BRAVO DOME CO2 GAS UNIT

**4. Well Location**

Unit Letter G : 1700 Feet From The NORTH Line and 1700 Feet From The EAST Line  
Section 36 Township 21N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4729 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**

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2011	3/23	235#	5 1/2" Fiberglass Production casing -- Tubingless completions	
2011	10/18	230#		
2012	10/16	325#		
2013	8/30	335#		

This approval for temporary abandonment  
expires 9/30/2014

RECEIVED OGD  
2013 SEP -9 P 12:41

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

SIGNATURE

*Sam Clay*

TITLE

Well Analyst

DATE

9/04/13

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO.

(505) 374-3058

(This space for State Use)

APPROVED BY

*Ed Martin*

TITLE

**DISTRICT SUPERVISOR**

DATE

9/10/2013

CONDITIONS OF APPROVAL, IF ANY: