

Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

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.)		WELL API NO. 30-021-20636
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 Supply Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294		7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit 1933
4. Well Location Unit Letter <u>K</u> : <u>1700</u> feet from the <u>South</u> line and <u>1700</u> feet from the <u>West</u> line Section <u>27</u> Township <u>19-N</u> Range <u>33-E</u> NMPM County <u>Harding</u>		8. Well Number 272K
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4835' GR		9. OGRID Number 16696
		10. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>	P AND A <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETIONS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
WELLBORE COMMINGLING <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

See Attached

Spud Date: Rig Release Date:

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

SIGNATURE Mark Stephens TITLE Regulatory Compliance Analyst DATE 1/22/15
Type or print name Mark Stephens E-mail address: Mark_Stephens@oxy.com PHONE (713) 366-5158

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

BDCDGL 1933-272K
API No. 30-021-20636
Harding Co., NM

8/19/14 - Run GR/cased hole CNL.

9/24/14 - Perf @ 2480'-2540', 4 JSPF, 240 shots. Blow well dry with coil tubing unit. Flow well to pit for clean out. Hook up flowline and wait to fracture stimulate the well.

10/14/14 - Put well on production x tie in to facilities.

Rate: 106 MSCF/D
Tubing Pressure: 52 psi
Plate Size: 1.0"
