

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.

30-059-20501

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.

2332-091G

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

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.

3. Address of Operator

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

4. Well Location

Unit Letter

G

: 1980

Feet From The

NORTH

Line and

1703

Feet From The

EAST

Line

Section

9

Township

23N

Range

32E

NMPM

UNION

County

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

5274.4

GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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	3/24	270#	5 1/2" Fiberglass Production casing -- Tubingless completion	
2011	10/18	270#		
2012	8/28	265#		
2013	8/29	0#		
2014	9/11	0#		
2015	9/15	0#		

TA UNTIL 9/30/16

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

SIGNATURE

M. L. Clay

TITLE

Well Analyst

DATE

09/22/15

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO.

(505) 374-3058

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Dist IV

DATE

2/17/16

CONDITIONS OF APPROVAL, IF ANY: