

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 100, 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.**

30-059-20490

**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.**

2332-111G

**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 : 1695 Feet From The NORTH Line and 1839 Feet From The EAST Line  
Section 11 Township 23N Range 32E NMPM UNION County

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

5307 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	3/24	290#	5 1/2" Fiberglass Production casing -- Tubingless completion	
2011	10/18	290#		
2012	8/28	290#		
2013	8/29	510#		
2014	9/11	0#		
2015	9/15	0#		
2015	9/15	0#		

TA UNTIL 9/30/17

need completion C-103  
w/spaces/dates  
(perf/trail/test)

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

SIGNATURE \_\_\_\_\_ TITLE Well Analyst DATE 9/20/2016  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY [Signature] TITLE ASCT IV Super. DATE 9/26/16

CONDITIONS OF APPROVAL, IF ANY: