Submit 3 Copies	State of New Mexico				Form C-103	
to Appropriate	Energy, Minerals, and Natural Resources Department				Revised 1-1-89	
District Office			-			
DISTRICT I	OIL CONSE	RVATION DI	VISION	WELL API NO.		
	OIL CONSERVATION DIVISION P.O. Box 2088			i	li li	
P.O. Box 1980, Hobbs, NM 88240					30-059-20501	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of I STATE	Lease FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec. NM 87410				6. State Oil & Gas L	ease No.	
OLINDO	LIOTIOFO INO SESS	979 911 HELL 9				
	Y NOTICES AND REPO					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7. Lease Name or Un	it Agracment Name	
(FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Un	ut Agreement Name	
	ONNI O-10171 ON SOCITI HOF C	GALO.)		BDAYO DOME O	OO OAO UNIT	
1. Type of Well				BRAVO DOME C	JOZ GAS UNIT	
OIL G	ELL	OTHER CO2				
Name of Operator	<u> </u>			8. Well No.		
=				1	001 <i>C</i>	
OXY USA Inc.				2332-0	79 I G	
3. Address of Operator				9. Pool name or Wild	leat	
P.O. Box 303, AMISTAD, NEW MEXICO 88410				BRAVO DOME C	BRAVO DOME CO2 GAS UNIT	
4. Well Location				<u> </u>		
	980 Feet From The	NORTH	Line and 1703	Foot From The	LAST Linu	
				Feet From The	EAST Line	
Section 9	Township	23N Range	32E	NMPM UNION	County	
	10. Elevation	on (Show whether DF,	RKB, RT, GR, etc.)	<u> </u>		
	į	5274,4	GR			
Char	ak Appropriate Poy	to Indicata Natu	ro of Motico D	anart or Other Date		
ii. Chec	ck Appropriate Box	io ilidicale ivali		•		
NOTICE OF	INTENTION TO:		SU	BSEQUENT REPORT	ΓOF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		EMEDIAL WORK		TERING CACING	
FERI ORM REVIEDIAL WORK	FEUG AND ADANOON	``	EMEDIAL WORK	<u>Щ</u> ^L'	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	C	DMMENCE DRILLING C	PNS. PLU	IG AND ABANDONMENT	
PULL OR ALTER CASING		一	AGING TEST AND CEA			
OLL ON ALTER CASING		I ~	ASING TEST AND CEM			
OTHER:		0	THER: Yearly Bradenhe	ad Test (TA Well)	х	
13 Duccriba Proposad or Completed Occasion	ione (Closely state a)	l portingat dataile and a	in padipant datas inch	ding antimated data of starting	any proposed week	
 Describe Proposed or Completed Operation SEE RULE 1103. 	rous (Ciearry state a	i periment detalls, and g	ive perunem dates, inclu	ding estimated date of starting a	any proposed work)	
	TD0 55555	000 5555	DI EES 5 5 5 1	#1 Th ##		
YEAR MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOV	IN TIME		
2011 3/24	270#	5 1/2" Fiberg	lass Production of	asing Tubingless co	ompletion-	
2011 10/18	270#			_	() \	
2012 8/28	265#			ſ	117	
2013 8/29	0#			. a la	3011	
2014 9/11	0#			with 9 ('	
2015 9/15	0#		ノ 1	، سالس		
2016 9/15	0#		71	Y 000		
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noed comple	tu C-103					
1-	•					
W/SPace.	_					
1/2-1/-						
1 (PSECH / Treat	H(ast)					
` '					1	
I hereby certify that the information above	is true and complete to the bes	t of my knowledge and t	elief.			
SIGNATURE		TITLE Well Ar	alyst	DATE	9/20/2016	
	•		•	- · -		
TYPE OR PRINT NAME M. L. CLAY		•		TELEPHO	NE NO. (505) 374-3058	
(This space to State Use)			`		2/ 1/	
APPROVED BY	Gran	TITLE DEST	III Suya	DATE	てしてんけん	
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CONDITIONS OF APPROVAL, IF ANY:	7		•			
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