

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.
30-021-20101

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.

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location
Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 32 Township 20N Range 32E NMPM HARDING County

8. Well No.
2032-321F

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4690.1 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 (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

SEE RULE 1103.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1998	9/3	425#	0	
1999	6/24	430#	0	
2000	9/6	435#	0	
2001	1/5	430#	0	
2002	6/19	430#	0	
2003	7/16	430#	0	
2004	7/13	430#	0	
2005	8/10	430#	0	
2006	7/26	435#	0	
2007	11/13	430#	0	
2009	1/26	425#	0	
2010	9/14	420#	0	
2011	10/31	390#	0	
2012	10/12	390#	0	
2013	8/13	420#	0	
2014	8/27	420#	0	
2015	9/14	430#	0	
2016	9/15	425#	0	

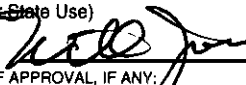
TA until 9/30/17

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  TITLE DIST II Supervisor DATE 9/30/16

CONDITIONS OF APPROVAL, IF ANY: