

Submit 3 Copies to Appropriate District Office		State of New Mexico Energy, Minerals, and Natural Resources Department		Form C-103 Revised 1-1-89																															
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		<b>OIL CONSERVATION DIVISION</b> P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-021-20378																															
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>																															
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No.																															
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2		7. Lease Name or Unit Agreement Name  BRAVO DOME CO2 GAS UNIT		8. Well No. 1832-021G																															
2. Name of Operator OXY USA Inc.		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																	
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																			
4. Well Location Unit Letter <u>G</u> : <u>1700</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>18N</u> Range <u>32E</u> NMPM <u>Harding</u> County																																			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4681.9</u> <u>GR</u>																																			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																			
<table border="0" style="width:100%;"><tr><td colspan="3">NOTICE OF INTENTION TO:</td><td colspan="3">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td colspan="3">ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td colspan="3">PLUG AND ABANDONMENT <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td></td><td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td><td colspan="3"></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td></td><td>OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/></td><td colspan="3"></td></tr></table>						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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>			PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>				OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>			
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12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)																																			
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr></thead><tbody><tr><td>2014</td><td>9/15</td><td>223#</td><td></td><td></td></tr><tr><td>2015</td><td>9/22</td><td>325#</td><td></td><td></td></tr><tr><td>2016</td><td>8/23</td><td>325#</td><td></td><td></td></tr></tbody></table> <div style="text-align: right; font-size: 1.5em; margin-top: 20px;">TA until 9/30/17</div> <div style="text-align: center; font-size: 1.5em; margin-top: 20px;">(NO EXTRA DATA NEEDED)</div>						YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	2014	9/15	223#			2015	9/22	325#			2016	8/23	325#												
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																			
SIGNATURE _____		TITLE Well Analyst		DATE 8/23/16																															
TYPE OR PRINT NAME M. L. CLAY				TELEPHONE NO. (505) 374-3058																															
(This space for State Use)																																			
APPROVED BY		TITLE DIST IV Supervisor		DATE 10/3/16																															
CONDITIONS OF APPROVAL, IF ANY:																																			