

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 3005920385
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT
8. Well Number 232
9. OGRID Number 16696
10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS 640 - 96010

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: CO ₂ PRODUCER	
2. Name of Operator OXY USA INC	
3. Address of Operator P.O. Box 303, Amistad, New Mexico 88410	
4. Well Location Unit Letter <u>I</u> : <u>2347</u> feet from the <u>SOUTH</u> line and <u>1267</u> feet from the <u>EAST</u> line Section <u>23</u> Township <u>19 N</u> Range <u>34 E</u> NMPM County <u>UNION</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4732' (GL)	

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

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"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ENCLOSED SUMMARY OF WORK CARRIED OUT AND WELLBORE SCHEMATIC


Spud Date:

	6/27/2017	
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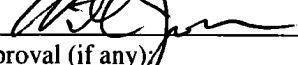
Rig Release Date:

	6/27/2017	
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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 Engineering Advisor DATE 06/28/2017

Type or print name AL GIUSSANI E-mail address: albert_giussani@oxy.com PHONE: 806 894-0200
For State Use Only

APPROVED BY:  TITLE Engineer DATE 6/28/17

Conditions of Approval (if any)

BDU 19 34 23 2 I
API: 30-059-20385

6/27/2017

1:30 Basic Coil tbg unit and cement equipment arrive and rig up

1:35 JSA and safety meeting

1:50 Spot and rig up equipment

2:00 Water truck arrives and rigs up

2:30 Go in hole with coil tbg and tag existing cement plug at 1949', pull up to 1688' and mix and pump a 25 sx plug, 5.3 bbls will cover 223' inside 5.5" FG casing

4:00 pull up to 820' and pump second 25 sx plug, this one covers the surface casing shoe(736') cement up to 593'

5:30 mixed and pump 25 sx 5.3 bbls surface plug from 223', cement was at surface.

6:30 Washed up cement equipment and rigged down all equipment.

COMPLETED WORK

WELL NAME 1934-23 2I
API # 3005920385

