Submit 3 Copies	•			te of New M		Form C-103	
to Appropriate			Energy, Minerals, a	ng Matural R	lesources Department	Revised 1-1-89	
District Office							
DISTRICT: OIL CONSERVATION DIVISION						WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088						30-021-20139	
DISTRICT II Santo Fe, New Mexico 87504-2088						5. Indicate Type of Lease	
P.O. Drawer D	D, Artesia, NM 8	3210				STATE X FEE	
DISTRICT III						6. State Oil & Gas Lease No.	
	1000 Rio Brazos Rd., Aztec, NM 87410						
		I IAIDDV N	TIOEC AND DED	ODTC ON V	VELLO		
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"						7. Lease Name or Unit Agreement Name	
		(FORM	C-101) FOR SUCH PROP	OSALS.)			
1. Type of We	:11					BRAVO DOME CO, GAS UNIT	
₩Eu [WELL		OTHER	CO ₂ PRODUCER		
L			<u> </u>	OINEN			
2. Name of Og	perator		•			8. Well No.	
OXY USA Inc.						2031-241F	
3. Address of Operator						9. Pool name or Wildcut	
1	Operator P.O. Box 303.	AMISTAD.	NEW MEXICO	88410		BRAVO DOME CO. GAS UNIT 160	
		CORIGINAL,	14511 INICAIOO	JUT 10		T STILL OF STATE SOLICE	
4. Well Locati			:				
Unit Let		: 1980	Feet From The	NORTH	Line and 1980		
Section			Township	20N	Range 31E	NMPM HARDING County	
			10. Elevat	ion (Show who	ether DF, RKB, RT, GR, etc.)		
1				470	<u>CR</u>		
11.		Check	Appropriate Box	to Indicat	e Nature of Notice. I	Report, or Other Data	
[NOT		TENTION TO:		_	BSEQUENT REPORT OF:	
İ	NOT				30	bsequent heront or:	
PERFORM R	REMEDIAL WOR	ĸШ	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING	
TEMPORAR	ILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
D OD A	TER CACINO	Ħ		—	CACING YEST AND CEN		
POLL ON AL	TER CASING	ш			CASING TEST AND CEM	EWI 308	
OTHER:					OTHER: Yearly Bradenho	and Test (TA Well)	
12. Describe P	roposed or Compl	eted Operations	(Clearly state	ell perlinent deta	ils, and give pertinent dates, incl	uding estimated date of starting any proposed work)	
SEE RULE 1103.							
YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME							
1996 1997	6/3 7/8	0	0		•		
1998	8/27	ŏ	ŏ				
1999	6/22	0	0			Í	
2000 2001	8/10 1/10	0	0				
2002	6/19	ŏ	Ö			ج ا	
2003 2004	8/12 7/13	0	0		*	A [20[18	
2005	8/10	ŏ	0				
2006	7/26	Ŏ	Ō		-	A 6 18	
2007	11/13	0	0		l	/ \ \ \(\alpha \)	
2010	1/22 9/14	0	0		•	4 9 7 1	
2011	10/5	ō	0	•		ι,	
2012 2013	10/12 8/28	0	0			ŀ	
2014	8/27	7 9	ő		•	Į	
2015	9/14	0	0			1	
2016 2017	9/15 8/3	1/ 6	0	. :.	÷.	i	
		T 2100 W	ITH 5 SX OF CEMEN	T ON TOP		İ	
I hereby certify that the inforthation above is true and complete to the best of my knowledge and belief.							
SIGNATURE		Jun	<u> -</u>	· ·	SR ENG ADVISOR	DATE9/12/2017	
TYPE OR PRI	NT NAME A	L GOLISANI	·····		····	TELEPHONE NO. (808)894 0200	
(This space APPROVED B	for State (Fee)	DLS	Jan -	TITLE	Frain	DATE 9/19/17	
CONDITIONS	OF APPROVAL, IF	ANY:	1				
1		//	7			· •	

V