

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. <b>30-021-20375</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>LG-4621</b>
7. Lease Name or Unit Agreement Name <b>BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)</b>
8. Well Number <b>321</b>
9. OGRID Number <b>16696</b>
10. Pool name or Wildcat <b>BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA</b>

**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 **CO<sub>2</sub> PRODUCER**

2. Name of Operator  
**OXY USA Inc.**

3. Address of Operator  
**P.O. Box 303, AMISTAD, NM 88410**

4. Well Location  
Unit Letter **J**; **1700** feet from the **SOUTH** line and **1700** feet from the **EAST** line  
Section **32** Township **19N** Range **32E** NMPM **HARDING** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**GL: 4550'**

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 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 checked="" type="checkbox"/> EXTENSION OF TA STATUS REQUEST	

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.

YEAR	MONTH/DAY	TUBING PRESSURE ( PSIG)	CASING PRESSURE ( PSIG)	COMMENTS
2017	11/15		140	
2018	12/12		130	

5.5 FIBERGLASS PRODUCTION CASING- NO TUBING

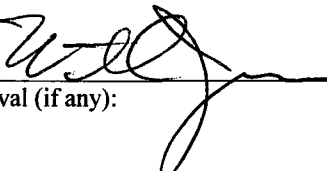
TA Extended To 12/22/18

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE SR ENG ADVISOR DATE 12/14/2018

Type or print name AL GIUSSANI E-mail address: albert\_giussani@oxy.com PHONE: 806-638-1296

For State Use Only

APPROVED BY:  TITLE Engineer DATE 12/17/18  
Conditions of Approval (if any):