| Submit 3 Copies to Appropriate District Office  | State of New Mexico Energy, Minerals, and Natural Resources Department |                        | Form C-103<br>Revised 1-1-89                                  |                          |  |
|---|--|------------------------|---|--------------------------|--|
| <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240  | OIL CONSERVATION DIVISION P.O. Box 2088                                |                        | WELL API NO.<br>30-021-20356                                  |                          |  |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210   | 2006 OCT 13 PM 2 19  |                        | 5. Indicate Type of Lease STATE FEE X                         |                          |  |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410   |  |                        | 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.)  |  |                        | 7. Lease Name or Unit Agreement Name  BRAVO DOME CO2 GAS UNIT |                          |  |
| 1. Type of Well  OIL  WELL  OTHER  CO2  |  |                        |   |                          |  |
| 2. Name of Operator Oxy USA Inc.  | ·  |                        |   | 8. Well No.<br>1833-052J |  |
| 3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410  |  |                        | 9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT               |                          |  |
| 4. Well Location Unit Letter J : 10   | 650 Feet From The South  | Line and 1650          | Feet From The   | e East Line              |  |
| Section 5   | Township 18  | Range 33 NM            | PM Harding  | County                   |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4755.8   |  |                        |   |                          |  |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |  |                        |   |                          |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |  |                        |   |                          |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON   | REMEDIAL WORK          | A.  | LTERING CASING           |  |
| TEMPORARILY ABANDON   | CHANGE PLANS   | COMMENCE DRILLING OPNS | . X   | LUG AND ABANDONMENT      |  |
| PULL OR ALTER CASING  CASING TEST AND CEME  |  |                        | <del>-</del>  | L                        |  |
| OTHER:  |  |                        |   |                          |  |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)   |  |                        |   |                          |  |
| Date: 07/06/2006 Daily Operations Report Supervisor 1: CHAD ELLIOTT 24 Hr Summary: MIRU, SPUD AND DRILL 12-1/4" HOLE TO 720', CIRC., TOH, RUN 8-5/8" 24# CASING AND SET @ 714'. CEMENT W/ 400sx W/ 2% CaCl2 + .25#/SX FLOCELE, CIRC 4sx TO PIT Date: 07/07/2006 Daily Operations Report 24 Hr Summary: WOC, DRILL CEMENT AND NEW FORMATION TO 1280', LOST CIRC., MIX MUD AND DRILL TO 1670' Date: 07/08/2006 Daily Operations Report 24 Hr Summary: DRILL, MIX MUD FOR LOST CIRC. PUMP 130sx CEMENT FOR LOST CIRC. WOC Date: 07/09/2006 Daily Operations Report 24 Hr Summary: DRILLTO 2002', TOH, TIH OPEN ENDED, SPOT CEMENT PLUG, WOC, TIH, TAG CEMENT @ 1310, SPOT PLUG # 3 Date: 07/10/2006 Daily Operations Report 24 Hr Summary: WAITED ON CEMENT. TIH AND TAGGED CMT AT 1080'. DRILLED CMT 1080' - 1352'. TRIPPED TO BOTTOM @ 2002'. MIXED LCM PILL. LOST CIRC. DRILLED 2002' - 2050'. MIXED 360BBL LCM. CIRC. GOT BACK APPROX. 10% RETURNS. TRIPPED OUT OF HOLE. NIPPLED DOWN BOP. TIH, W/O PLUGGING PROCEDURE  Date: 07/11/2006 Daily Operations Report 24 Hr Summary: TIH, CEMENT W/ 2050'-1834' w/ 55sx cmt, TOH & RD |  |                        |   |                          |  |
| SIGNATURE Can 2 62 5  | Collar TITLE   | Production Team Leader | DATE  | 10/03/2006               |  |
| TYPE OR PRINT NAME James E. Co  | orley  | <del></del>            | TELEPH  | IONE NO. (505) 374-3052  |  |
| (This space for State Use)  APPROVED BY  TITLE  DISTRICT SUPERVISOR  DATE /0.16-06  |  |                        |   |                          |  |
| CONDITIONS OF APPROVAL, IF ANY:   | L  |                        |   |                          |  |