

Submit 3 Copies

to Appropriate

District Office

State of New Mexico  
Energy, Minerals, and Natural Resources DepartmentForm C-103  
Revised 1-1-89DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL API NO.

30-021-20084

## 5. Indicate Type of Lease

STATE ☐FEE ☐

## 6. State Oil &amp; Gas Lease No.

## 7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

## 8. Well No.

1930-101K

## 9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

## 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

CO2

## 2. Name of Operator

OXY USA Inc.

## 3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

## 4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line  
Section 10 Township 19N Range 30E NMPM Harding County

## 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4520 GR

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Yearly Bradenhead Test (TA Well) ☒12. Describe Proposed or Completed Operations  
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1995	6/28	560#	0	
1996	5/23	560#	0	
1997	4/15	560#	0	
1998	7/22	550#	0	
1999	6/22	550#	0	
2000	8/1	560#	0	
2001	1/8	555#	0	
2002	6/18	555#	0	
2003	8/12	555#	0	
2004	7/15	560#	0	
2005	8/11	560#	0	
2006	7/26	550#	0	
2007	11/14	555#	0	
2009	1/21	540#	50#	Blowed down 2 minutes

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

SIGNATURE

*M L Clay*

TITLE Well Analyst

DATE 1/27/09

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY

*Ed Martin*

TITLE

DISTRICT SUPERVISOR

DATE

2/6/09

CONDITIONS OF APPROVAL, IF ANY: