Submit 3 Copies to Appropriate	State of New Mexico Energy, Minerals, and Natural Resources Department			Form C-103 Revised 1-1-89	
District Office					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-021-20096	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lo	ease FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410)			6. State Oil & Gas Le	ase No.
SUNI	DRY NOTICES AND REP	ORTS ON W	FIIS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					, <u>.</u>
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name	
1. Type of Well				BRAVO DOME CO	2 GAS UNIT
OIL WELL	GAS WELL	OTHER	CO2	,	
2. Name of Operator	WEEE	OTTLIX		8. Well No.	
OXY USA Inc.				2031-271G	
3. Address of Operator .				9. Pool name or Wildcat	
P.O. Box 303, AMI	STAD, NEW MEXICO	88410		BRAVO DOME CO	2 GAS UNIT
4. Well Location					
Unit Letter G	: 1650 Feet From The	NORTH	Line and 1650	Feet From The	EAST Line
Section 27	Township	20N	Range 31E NM	IPM HARDING	County
	10. Eleva	,	ether DF, RKB, RT, GR, etc.)		
<u> </u>	<u>,</u>	4630) GR		
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	ΔI TE	ERING CASING
		H			
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS	S. PLUG	G AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CEMENT	JOB	
OTHER:			OTHER: Yearly Bradenhead T	est (TA Well)	x
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/DA	AY TBG. PRESS.	CSG. PR	RESS. BLEED DOWN	TIME	
1994 6/2	490#	0			
1995 6/30	490#	0			
1996 6/3	490#	0			
1997 7/8	490#	0			
1998 8/27	490#	. 0			
1999 6/22 2000 8/10	480#	0			
2000 8/10	485# 490#	0 90#	Blowed down in 4 min., a	ofter 2 min - 20#	
2001 3/12	490#	0	Diowed down in 4 min., a	inei 2 iiiii 20#	·
2002 8/12	485#	0			
2003 6/12 7/13	485#	0			
2005 8/10	490#	0			
2006 7/26	485#	0			
2007 11/13	490#	0			}
1 1	ne extended to well and v	-	cing _		
I hereby certify that the information a	above is trae and complete to the b		•	DATE	1/27/00
SIGNATURE //	-cay	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	2 Martin	TITLE	DISTRICT SUPER	VISOR DATE	2/6/09
CONDITIONS OF APPROVAL, IF ANY:	/				• •