Submit 3 Copies	State of New Mexico	Form C-103
to Appropriate	Energy, Minerals, and Natural Resources Department	Revised 1-1-89
District Office		•
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	30-059-20490
	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Pe, New Mexico 6/304-2000	STATE FEE X
The Blanck BB, Antesia, AM 66216		
DISTRICT III		6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410		
SUND	RY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM	I FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERE	INT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
	(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well		BRAVO DOME CO2 GAS UNIT
OIL WELL	GAS WELL OTHER CO2	
		8. Well No.
2. Name of Operator		2332-111G
OXY USA Inc.		
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 303, AMIS	STAD, NEW MEXICO 88410	BRAVO DOME CO2 GAS UNIT
4. Well Location		
Unit Letter G: 1695 Feet From The NORTH Line and 1839 Feet From The EAST Line		
	Township 23N Range 32E NMI	
Section 9		ONION
	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
	<u>5307 GR</u>	<u> </u>
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
1	• • •	EQUENT REPORT OF:
Notice	obbol	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING '
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS	. PLUG AND ABANDONMENT
DULL OR ALTER CACING	- CACINO TECT AND CEMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT	
OTHER:	OTHER: Yearly Bradenhead To	est (TA Well) X
12. Describe Proposed or Completed Ope	erations (Clearly state all pertinent details, and give pertinent dates, including e	estimated date of starting any proposed work)
SEE RULE 1103.		
YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME		
2011 3/24	290# 5 1/2" Fiberglass Production casing	Tubingless completion
1 1		
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·		temporary abandonment
1 1	This approval for	tempular 9 12
	() the app. 9 /	30/20/2
	expires 9	
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I hereby certify that the information al	boxe is true and complete to the best of my knowledge and belief.	
SIGNATURE	TITLE Well Analyst	DATE 3/28/11 :
TYPE OR PRINT NAME M. L. CLA	<u> </u>	TELEPHONE NO. (505) 374-3058
(This space for State Use)		
APPROVED BY	PMas & TITLE DISTRICT SUPERI	HOUR DATE 4/2/2011
CONDITIONS OF APPROVAL, IF ANY:		
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