

Print 3 Copies  
Appropriate  
District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form C-103  
Revised 1-1-89

**STRICT I**

O. Box 1980, Hobbs, NM 88240

**STRICT II**

O. Drawer DD, Artesia, NM 88210

**STRICT III**

00 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20083

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1930-091J

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.)

Type of Well

OIL  
WELL ☐

GAS  
WELL ☐

OTHER

CO2

Name of Operator

OXY USA, Inc.

Address of Operator

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

Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 9 Township 19N Range 30E NMPM Harding County

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

4527 GR

**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 ☐

WELL 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) ☒

2. 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
1990	6/27	585#	0	
1991	6/19	585#	0	
1992	6/16	570#	0	
1993	5/26	570#	0	
1994	6/2	565#	0	
1995	6/28	565#	0	
1996	5/23	565#	0	
1997	4/15	565#	0	
1998	7/22	565#	0	
1999	6/22	560#	0	
2000	8/1	570#	0	
2001	1/8	565#	0	
2002	6/18	565#	0	

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 6/20/02

NAME OR PRINT NAME M. L. CLAY

TELEPHONE NO. (505) 374-3058

This space for State Use

APPROVED BY [Signature]

TITLE

**DISTRICT SUPERVISOR**

DATE

6/27/02

CONDITIONS OF APPROVAL IF ANY: