Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088				Form C-103 Revised 1-1-89	
DISTRICT   P.O. Box 1980, Hobbs, NM 88240				<b>i</b>	WELL API NO. 30-021-20114	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa F	e, New Mexico 875		5. Indicate Type	e of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & O		
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	
I. Type of Well OIL G	GAS VELL		002	BRAVO DOI	ME CO2 GAS UNIT	
2. Name of Operator				8. Well No.		
OXY USA Inc.					32-331F	
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410				i	9. Pool name or Wildcat  BRAVO DOME CO2 GAS UNIT	
4. Well Location	J. HETT WENCE			BRAVO BOIL	ME CO2 GAS UNII	
	Peet From T	The NORTH	Line and [9	980 Feet From	n The <u>WEST</u> Line	
Section 33	Township	20N Ra	ange 32E	NMPM HAF	RDING County	
	: 10. Ek		r DF, RKB, RT, GR, etc.)	-		
The Character Ch	* 4	4860	GR C N		The second second	
		x to Indicate N		Report, or Other Da		
<b></b>	INTENTION TO:	_	SI	UBSEQUENT REPORT	Г OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDOR	N	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEN	MENT JOB		
OTHER:				nnead Test (TA Well)		
12. Describe Proposed or Completed Operation SEE RULE 1103.	ns (Clearly sto	ate all pertinent detail:			e of starting any proposed wo	
YEAR MONTH/DAY	TBG. PRESS.	CSG. PRES	S. BLEED DOV	WN TIME		
1990 6/22	415#	0				
1991 6/11 1992 6/11	420# 410#	0				
1992 6/11 1993 5/28	410# 405#	0 400#				
1993 5/28	405# 0	400# 0				
1995 6/28	0	0				
1996 5/24	0	0				
1997 8/21	Ö	Ô				
1998 9/3	Ö	0				
1999 6/24	0	Ö				
2000 9/6	0	0				
2001 1/5	0	0				
hereby certify that the information abo	Dye is true and complete	to the best of my kno	wledge and belief.			
GNATURE 77 E	Kay	_	ell Analyst	DATE	3/8/01	
	1/ _	•		TO FOR	HONE NO. (505) 374-3058	
/PE OR PRINT NAME M. L. CLAY	<del></del>				HONE NO. (505) 374-3658	
This space for State Use)  PPROVED BY	1. 1.	715	TRICT SUPER		3/16/2001	