

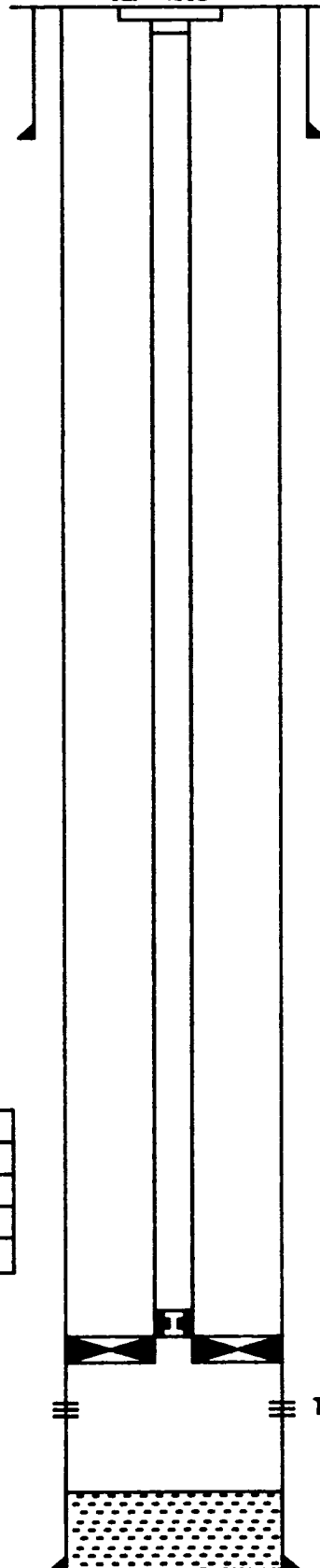
WEST BRAVO DOME CARBON DIOXIDE UNIT #7
1650' FNL & 990' FEL SEC 16 T19N R29E

ELEVATION: KB: 4695'
GL: 4685'

8 5/8" SURFACE CASING @ 600'
CMTD W/ 500 SX CMT. CIRC.

1 - 2 3/8" SN	1.10
1 - 2 3/8" X 5 1/2 GUTB UNI VI	6.00
59 - JTS 2 3/8" 4.7# J55 TBG	1981.49
TOTAL	1988.59
KB	10.00
SET AT	1998.59

	SURFACE	PRODUCTION	TUBING
SIZE	8 5/8"	5 1/2"	2 3/8"
WEIGHT	24 #	14 #	4.7 #
GRADE	K-55	K-55	J-55
THREAD	ST&C	ST&C	6rd EUE
DEPTH	600'	2400'	1989'



5 1/2" PACKER @ 1999'

TUBG PERFS (2053' - 2149')

PREP'D BY: JOE M. FLEMING
DATE: MAY 15, 1991

PBTD @ 2100'
5 1/2" CSB @ 2400' CMTD W/ 700 SX
TD @ 2400' CMT CIRC

Submit 3 Copies
to Appropriate
District Office

District 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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30 - 021 - 20124

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L5811

7. Lease Name or Unit agreement Name

WEST BRAVO DOME CDG UNIT

8. Well No. 7

9. Pool name or Wildcat
WEST BRAVO DOME

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 SUPPLY

2. Name of Operator
OXY USA INC.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter H : 1,650 Feet From The NORTH Line and 900 Feet From The EAST Line
Section 16 Township 19 N Range 29 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,685

11. 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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: YEARLY BRADENHEAD TEST (SI) ☒	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD - 2400' PBTD - 2350'	YEAR	DATE	TBG PSI	CSG PSI	BD TIME
PERFS - 2053' - 2149'	1990	11/27	500	0	
	1991	10/25	560	0	
	1992	9/21	530	0	
	1993	9/21	460	0	
	1994				
	1995				
	1996				
	1997				
	1998				
	1999				
	2000				

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 10 01 93

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Ry E Johnson TITLE DISTRICT SUPERVISOR DATE 10-7-93

CONDITIONS OF APPROVAL, IF ANY