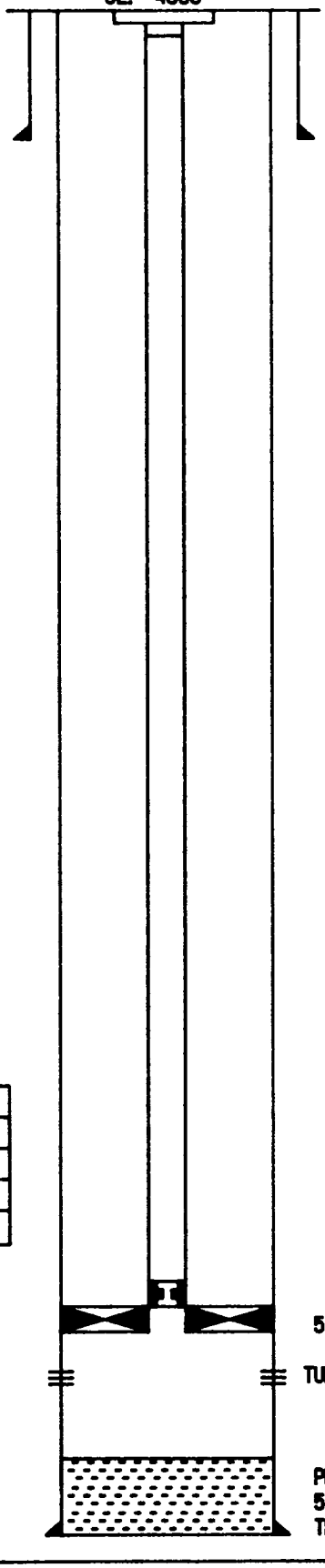
WEST BRAVO DOME CARBON DIOXIDE UNIT #8
1650' FNL & 1650' FEL SEC 9 T19N R29E

ELEVATION: KB: 4376'
GL: 4366'



8 5/8" SURFACE CASING @ 793'
CMTD W/ 450 SX CMT. CIRC.

1 - 2 3/8" SN	1.10
1 - 2 3/8" X 5 1/2 BAKER A-2 LOK SET	6.00
86 - JTS 2 3/8" 4.7# J55 TBG	2699.32
TOTAL	2704.12
KB	10.00
SET AT	2714.12

	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	STRC	STRC	8rd EUE
DEPTH	793'	2931'	2714'

5 1/2" PACKER @ 2714'

TUBB PERFS (2764'- 2772')

PBTD @ 2885'
5 1/2" CSG @ 2931' CMTD W/ 750 SX
TD @ 2932' CMT CIRC

PREPRD BY: JOE M. FLEMING
DATE : MAY 15, 1991

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
1000RioBrazos Rd.Aztec,NM87410

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 - 20131

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L5815

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: WEST BRAVO DOME CDG UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER CO2 SUPPLY

2. Name of Operator: OXY USA INC.

8. Well No. 8

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

9. Pool name or Wildcat: WEST BRAVO DOME

4. Well Location
Unit Letter G : 1,650 Feet From The NORTH Line and 1,650 Feet From The EAST Line
Section 9 Township 19 N Range 29 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5,366

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)	[X]		

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 - 2932' PBTD - 2885'
PERFS - 2764' - 2772'

YEAR	DATE	TBG PSI	CSG PSI	BD TIME
1990	11/27	500	0	
1991	10/25	550	0	
1992	9/21	440	0	
1993	9/21	560	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 [signature] 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 [signature] TITLE DISTRICT SUPERVISOR DATE 10-7-93

CONDITIONS OF APPROVAL, IF ANY: