

Submit 3 Copies  
to Appropriate  
District Office

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

Form C-103  
Revised 1-1-89

**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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**WELL API NO.**

30-021-20220

**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.**

1833-051F

**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.)

**1. Type of Well**

OIL  
WELL ☐

GAS  
WELL ☐

OTHER

CO2

**2. Name of Operator**

OXY USA, Inc.

**3. Address of Operator**

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

**4. Well Location**

Unit Letter F : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line  
Section 5 Township 8N Range 33E NMPM HARDING County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
4766 GR

**11.**

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 ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Leaky Brockenhead Test (TA Well) ☒

**12. 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	6/21	405#	0	
1991	6/11	405#	0	
1992	6/11	390#	0	
1993	5/17	405#	0	
1994	5/27	385#	0	
1995	6/7	385#	0	
1996	5/22	385#	0	
1997	9/8	380#	0	
1998	9/4	385#	0	
1999	4/29	370#	0	
2000	9/6	370#	0	
2001	1/8	365#	0	

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

SIGNATURE M. F. Clay TITLE Well Analyst

DATE 3/8/01

TYPE OR PRINT NAME M. F. CLAY

TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR

DATE 3/16/2001

CONDITIONS OF APPROVAL IF ANY