

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.**

30-021-20221

**5. Indicate Type of Lease**

STATE ☐

FEE ☐

**6. State Oil & Gas Lease No.**

**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

**8. Well No.**

2132-211K

**9. Pool name or Wildcat**

BRAVO DOME CO2 GAS UNIT

**4. Well Location**

Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line  
Section 21 Township 21N Range 32E NMPM HARDING County

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

4780

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: Yearly Bradenhead 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 | 9/27      | 335#        | 1#          |                 |
| 1991 | 9/20      | 325#        | 0           |                 |
| 1992 | 9/16      | 325#        | 0           |                 |
| 1993 | 6/7       | 325#        | 0           |                 |
| 1994 | 6/17      | 325#        | 0           |                 |
| 1995 |           |             |             |                 |
| 1996 | 6/6       | 315#        | 0           |                 |
| 1997 | 4/14      | 315#        | 0           |                 |
| 1998 | 6/11      | 315#        | 0           |                 |
| 1999 | 6/16      | 320#        | 0           |                 |
| 2000 | 7/13      | 320#        | 0           |                 |
| 2001 | 1/11      | 320#        | 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 3/8/01

TYPE OR PRINT NAME M. L. 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: