DISTRICTI	Submit 3 Copies to Appropriate District Office		ate of New Mexico and Natural Resources Department	Form C-103 Revised 1-1-89	
BOUNDRY NOTICES AND REPORTS ON WELLS  OF NOTICES AND REPORTS ON WELLS  ON THE NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF ANTENNOS AND ABANDON CHANGE PLANS  CASING ISSIAND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORM ON CORPORATE AND CREMENT OR ALL TO ANTENNOS CASING  PERFORMANCE DIRECTOR OF ALL	DISTRICT I				
Mode Brauer Rd. Arter, NM \$7410   SUBDRY NOTICES AND REPORTS ON WELLS   GON NOTUSE HIS FOOM ROP PROPOSALS TO DRILL OR ROCEPTING PULLS AND ACK TO A OFFICE HIS EXERVOR. USE APPLICATION FOR FIRMING ON COLUMN COLUM		Santa Fe, New Mexico 87504-2088			
DO NOT USE HIS FORM FOR PROPERAIS TO DRILL OR TO DEPEN OR RIUG BACK TO A DEFERNIT RESERVOR. USE **ARRICATION FOR RIUGH GOORD C-101) FOR SICCH PROPERSALS.)  1. Type of Well or Well	<u> </u>			6. State Oil & Gas Lease No.	
Companies	(DO NOT USE THIS FORM I	FOR PROPOSALS TO DRILL OR TO T RESERVOIR. USE "APPLICATION	7. Lease Name or Unit Agreement Name		
2. Name of Operator OXY USA Inc.  3. Address of Operator P O. Box 303. AMISTAD. NEW MEXICO 88410  4. Well Locations Unit Locations 21 Township 21N Range 12T NMIPM HARDING Compy Composition 21 Township 21N Range 12T NMIPM HARDING Compy Composition 21N Range 12T NMIPM HARDING Compy PREFORM PREMIAL WORK DISCHARLE AND INCE OF INTENTION TO: SUBSEQUENT REPORT OF. PREFORM PREMEDIAL WORK NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF. PREMEDIAL WORK NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF. PREMEDIAL WORK AND ABANDON CHANGE PLANS COMMENCE ORIGINAL PROPERTY OF COMMENCE ORIGINA	OIL	I F	OTHER CO2	BRAVO DOME CO2 GAS UNIT	
3. Address of Operator PO. Box 303. AMISTAD. NEW MEXICO 88410  4. Well Location Unit Letter K 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Name of Operator     OXY USA Inc.				
1.   1.   1.   1.   1.   1.   1.   1.	3. Address of Operator P.O. Box 303, AMIS	STAD, NEW MEXICO	88410	9. Pool name or Wildcat	
10. Elevation   (Show whether DF, RKB, RT, GR, etc.)   1780   (SR)   (		Feet From The		Feet From The WEST Line	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PLUG AND ABANDONMENT CASING IEST AND CEMENT JOB CHANGE PLANS COMMENCE DRILLING OPNS. CASING IEST AND CEMENT JOB CHANGE PLANS COMMENCE DRILLING OPNS. CASING IEST AND CEMENT JOB CHANGE PLANS COMMENCE DRILLING OPNS. CASING IEST AND CEMENT JOB CHANGE PLANS COMMENCE DRILLING OPNS. CASING IEST AND CEMENT JOB CHANGE PLANS OF THE PLUG AND ABANDONMENT CASING IEST AND CEMENT JOB CHANGE PLANS OF THE PLUG AND ABANDONMENT CASING IEST AND CEMENT JOB CHANGE PLUG AND ABANDON MET A		10. Elevat	ion (Show whether DF, RKB, RT, GR, etc.)	TOWN TAXOLOG County	
CHANGE PLANS	NOTICE O	F INTENTION TO:			
CASING TEST AND CEMENT JOB  OTHER:  OT	TEMPORARILY ABANDON				
2. Describe Proposed or Completed Operations   Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work,	PULL OR ALTER CASING			- LOO TATO OTTO CONTINUENT	
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     2001   1/11   320#   0     DESCRIPTION AME   M. LAY   TELEPHONE NO. (505) 374-3058	OTHER:		OTHER: reariv Bradenh	eaa Test (TA Weil) X	
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 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  TITLE Well Analyst DATE 3/8/01  PE OR PRINT NAME M.L. CLAY  TELEPHONE NO. (505) 374-3058	VEAD MONTHURAN				
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  Tereby certify that the information above is true and complete to the best of my knowledge and belief.  SINATURE M. CLAY TILE Well Analyst DATE 3/8/01  TELEPHONE NO. (505) 374-3058	1990 9/27 1991 9/20 1992 9/16 1993 6/7 1994 6/17	335# 325# 325# 325#	1# 0 0 0	VIN THE	
2001 1/11 320# 0  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SINATURE M. L. Well Analyst DATE 3/8/01  PE OR PRINT NAME M.L. CLAY  TELEPHONE NO. (505) 374-3058	1996 6/6 1997 4/14 1998 6/11 1999 6/16	315# 315# 320#	0 0 0		
PE OR PRINT NAME M. L. CLAY  TITLE Well Analyst  DATE 3/8/01  TELEPHONE NO. (505) 374-3058	2001 1/11	320#	0		
PE OR PRINT NAME M. L. CLAY  TELEPHONE NO. (505) 374-3058	nereby certify that the information of GNATURE	above is true and complete to		DATE 3/8/01	
his space for State Use), /////	PE OR PRINT NAME M. I. CLAY				
DATE = 3//6/200/	This space for State User  PPROVED BY  ONDITIONS OF APPROVAL IF ANY:	bhum	DISTRICT SUPER	VISOR DATE 3/16/2001	