

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-059-20554  
 5. Indicate Type of Lease  
 STATE  FEE   
 6. State Oil & Gas Lease No.  
 7. Lease Name or Unit Agreement Name  
 Bravo Dome  
 8. Well Number 201  
 9. OGRID Number  
 16696  
 10. Pool name or Wildcat  
 Bravo Dome Carbon Dioxide Gas 640

**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   
 2. Name of Operator  
 Oxy USA Inc.  
 3. Address of Operator  
 PO Box 4294, Houston, TX 77210  
 4. Well Location  
 Unit Letter G 1675 feet from the N line and 1690 feet from the E line  
 Section 20 Township 23N Range 33E NMPM County  
 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5022.8

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Ground Elevation Connections 5022.8

Spud Date:

Rig Release Date:

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

SIGNATURE L. Lockett TITLE Reg. Spec. DATE 5/6/14

Type or print name L. K. Lockett E-mail address: L.K.Lockett@oxy.com PHONE: 713-215-7643

APPROVED BY: [Signature] TITLE Data Manager DATE 6-20-14  
 Conditions of Approval (if any)