

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO₂ PRODUCING WELL		WELL API NO. 30-021-20085
2. Name of Operator OXY USA Inc.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. Box 303, AMISTAD , NM 88410		6. State Oil & Gas Lease No. STATE TRACT 82 PT
4. Well Location Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST line Section 24 Township 19N Range 30E NMPM HARDING County		7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) GL: 4568'		8. Well Number 241
		9. OGRID Number 16696
		10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA

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

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

MOVE IN PULLING UNIT, SET BOP.
 PULL OUT OF HOLE PACKER AND 2 3/8 PLASTIC COATED STRING.
 SET CIBP @ 2092' (TOP OF CIMARRON: 2084'; TOP OF TUBB: 2101')
 CIRCULATE HOLE WITH FRESH WATER + CORROSION INHIBITOR
 PRESSURE TEST TO 500 PSI FOR 30 MINUTES
 DUMP ON BAILER 5 SX OF CEMENT
 REBUILD WELLHEAD
 RIG DOWN BOP AND PULLING UNIT
 (ENCLOSED WELLBORE SCHEMATIC)

Spud Date: **5/18/2018**

Rig Release Date:

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

SIGNATURE  TITLE SR ENG ADVISOR DATE 05/17/2018

Type or print name AL GIUSSANI E-mail address: albert_giussani@oxy.com PHONE: 806-638-1296
For State Use Only

APPROVED BY: Will Jones TITLE Engineer DATE 5/17/2018

Conditions of Approval (if any):

WELLBORE SCHEMATIC
BDCDGU 19 30 24 1 J
API: 30-021-20085

