

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.

30-021-20486

5. Indicate Type of LeaseSTATE ☐ 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 WellOIL
WELL ☐GAS
WELL ☐

OTHER

CO₂ PRODUCER**2. Name of Operator**

OXY USA Inc.

7. Lease Name or Unit Agreement NameBRAVO DOME CO₂ GAS UNIT**3. Address of Operator**

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

8. Well No.

2131-361G

9. Pool name or WildcatBRAVO DOME CO₂ GAS UNIT 640**4. Well Location**

Unit Letter G : 1700 Feet From The NORTH Line and 1700 Feet From The EAST Line
Section 36 Township 21N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)4729' 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
2011	3/23	235#		
2011	10/18	230#		
2012	10/16	325#		
2013	8/30	335#		
2014	9/3	325#		
2015	9/14	320#		
2016	8/18	320#		
2017	8/17	330#		
2018	9/14	320#		

TA until 9/30/19

I hereby certify

that the foregoing is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

SR ENG ADVISOR

DATE

9/24/2018

TYPE OR PRINT NAME

AL GIUSSANI

TELEPHONE NO.

(806)894 0200

(This space for State Use)

APPROVED BY

TITLE

Engineer

DATE

9/24/18

CONDITIONS OF APPROVAL, IF ANY: