

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 SUPPLY WELL		WELL API NO. 30-021-20420
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, New Mexico 88410		6. State Oil & Gas Lease No. L05869
4. Well Location Unit Letter G 1700 feet from the NORTH line and 1700 feet from the EAST line Section 24 Township 18N Range 31E NMPM County HARDING		7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4523' GL		8. Well Number 241
		9. OGRID Number 16696
		10. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas

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 type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <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: EXTENSION OF TA STATUS <input checked="" type="checkbox"/>
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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.

1) PRESSURE TEST 5 1/2" PRODUCTION CASING TO 550 PSI FOR 30 MINUTES. SEE ENCLOSED CHART

Spud Date:

8/28/2012

Rig Release Date:

8/28/2012

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

SIGNATURE Albert Giussani TITLE Sr. Engineering Advisor DATE 09/14/2012

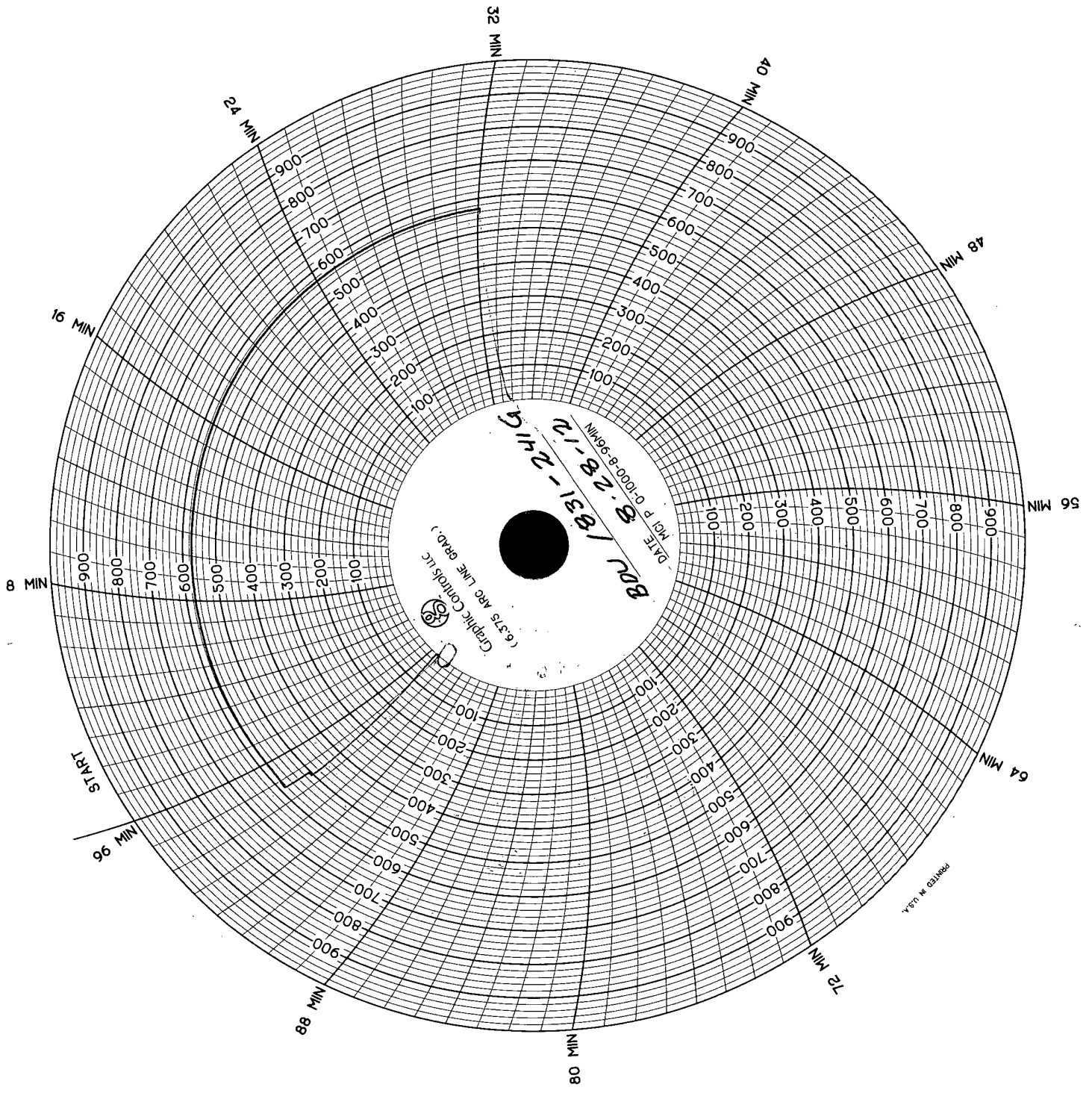
Type or print name Al Giussani E-mail address: albert_giussani@oxy.com PHONE: 806 638-1296

For State Use Only

APPROVED BY: Ed Martin TITLE **DISTRICT SUPERVISOR** DATE 9/12/2012

Conditions of Approval (if any):

This approval for temporary abandonment
expires 9/30/2016



OPERATOR: OKT
LEASE: B.D.G
LSE-WELL NO. 1831-2416

TIME	TUBING	CASING	SURF/CASING
INITIAL	<u>0</u>	<u>580</u>	<u>0</u>
15 min.	<u>0</u>	<u>580</u>	<u>0</u>
30-MIN.	<u>0</u>	<u>580</u>	<u>0</u>

TRUCK OPERATOR Ed. C. Mathis
DATE 8-28-12
WITNESS _____