Submit 1 Copy To Appropriate District Office		State of New Me		Form C-103 October 13, 2009		
District I 1625 N. French Dr., Hobbs, NM 8824		Minerals and Natu	irai Resources	WELL API NO.		
District II	OII C	ONSERVATION	IDIVISION	30-059-20524		
1301 W. Grand Ave., Artesia, NM 882 District III	.10	220 South St. Fra		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 8741 District IV	0	Santa Fe, NM 8		STATE FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM	•			o. State on & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement N	lame	
(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.)				BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)		
1. Type of Well: Oil Well Gas Well Other CO ₂ SOURCE WELL				8. Well Number 152		
2. Name of Operator				9. OGRID Number 16696		
OXY USA Inc.						
3. Address of Operator P.O. Box 303, AMISTAD, NM 88410				10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS UNIT ACRE AREA	640	
4. Well Location Unit LetterK:1700feet from theSOUTH line and1700feet from theWESTline						
					line	
Section 15 Township 19N Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.				NMPM UNION County		
GL: 4520'						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					G □	
TEMPORARILY ABANDON				<u>=</u>		
PULL OR ALTER CASING				TJOB U III III		
_				URING & PACKER S		
OTHER: OTHER: RUN TU				DING GIACILLI		
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.						
RUN 68 JTS OF 2 7/8" FIBERGLASS TUBING, 1.60 #/FT. PACKER SET AT 2001' (CIMARRON FORMATION: 1998' – 2020').						
LOADED BACK SIDE WITH FRESH WATER + INHIBITOR + 6% KCL. TESTED TO 550 PSI FOR 30 MINUTES.						
0.40=	(2012	1	0.4	77/00/10		
Spud Date: 8/07/	2012	Rig Release D	ate: 8/ 0	07/2012		
		•	<u> </u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Gum	lui	TITLE_SR E	NG ADVISOR	DATE10/16/2012_		
T T T T T T T T T T T T T T T T T T T		111EE5K E	110 AD 1150K	DATE10/10/2012_		
Type or print nameAL GIUSSANI E-mail address: _albert_giussani@oxy.com PHONE: _806-638-1296						
For State Use Only	211 - 1	7 - MIA	TRIAT ALIBEI	N/IOOD		
APPROVED BY: Conditions of Approval (if any):	Martin	TITLE UIS	TRICT SUPE	KVISOR DATE 10/22/20	12	