

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

WELL API NO. <b>30-059-20546</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)</b>
8. Well Number <b>312</b>
9. OGRID Number <b>16696</b>
10. Pool name or Wildcat <b>BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <u><b>CO<sub>2</sub> SOURCE WELL</b></u>	
2. Name of Operator <b>OXY USA Inc.</b>	
3. Address of Operator <b>P.O. Box 303, AMISTAD, NM 88410</b>	
4. Well Location Unit Letter <u><b>J</b></u> : <u><b>1700</b></u> feet from the <u><b>SOUTH</b></u> line and <u><b>1700</b></u> feet from the <u><b>EAST</b></u> line Section <u><b>31</b></u> Township <u><b>19N</b></u> Range <u><b>35E</b></u> NMPM <u><b>UNION</b></u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>GL: 4614'</b>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>			
OTHER: <input type="checkbox"/>		OTHER: RUN TUBING & PACKER <input checked="" 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.

RUN 69 JTS OF 2 7/8" FIBERGLASS TUBING, 1.60 #/FT.

PACKER, G-6 + ON OFF TOOL WITH 1.625" PROFILE, SET AT 2035' (CIMARRON FORMATION: 2032' - 2052').  
LOADED BACK SIDE WITH FRESH WATER + INHIBITOR + 6% KCL. TESTED TO 500 PSI FOR 30 MINUTES.

Spud Date:

**8/12/2012**

Rig Release Date:

**8/12/2012**

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 10/16/2012

Type or print name AL GIUSSANI E-mail address: albert\_giussani@oxy.com PHONE: 806-638-1296

**For State Use Only**

APPROVED BY:  TITLE **DISTRICT SUPERVISOR** DATE 10/22/2012

Conditions of Approval (if any):