Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department	Form C-103 Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30-059-20348
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM DIFFEREN	RY NOTICES AND REPORTS ON WELLS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A IT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
	GAS WELL OTHER CO2	BRAVO DOME CO2 GAS UNIT
Name of Operator Oxy USA Inc.		8. Well No. 1835-163
3. Address of Operator P.O. Box 303, AMIS	TAD, NEW MEXICO 88410	9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
4. Well Location Unit Letter	625 Feet From The North Line and 2032 Township 18N Range 35H NMI	Feet From The West Line PM Union County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4625 GR	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT OTHER: 12. Describe Proposed or Completed Operations (Clearly state all perlinent details, and give perlinent dates, including estimated date of starting any proposed work) SEE RULE 1103. MIRUSU, kill well as necessary, NUBOP, run cement retainer on workstring to 2344 feet, establish preliminary pump rate through retainer and then set retainer, pump 16 sacks of Premium Plus cement (125% of Cimarron Anhydrite/Tubb annular volume), sting out of retainer, spot 5 sacks of cement on top of retainer, displace casing with corrosion inhibited fluid and test casing to 500 psi, pull workstring to 30 feet and pump 3 sacks of cement to fill casing, NDBOP, RDMOSU, cut off wellhead, install PXA marker, cut off well anchors and clean location.		
Thereby certify that the information about SIGNATURE	ove is true and complete to the best of my knowledge and belief. TITLE Team Leader	DATE 5/17/2005
TYPE OR PRINT NAME Danny J. H (This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE DISTRICT SUPERV	TELEPHONE NO. (505) 374-3010 ISOR DATE 5/23/05