Submit 3 Copies	State of New Mexico		Form C-103
to Appropriate	Energy, Minerals, and Natural Resources Department		Revised 1-1-89
District Office			
DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		30-021-20483
DISTRICT II	Santa Fe, New Mexico 8	3/504-2088	5. Indicate Type of Lease STATE FEE
P.O. Drawer DD, Artesia, NM 88210	•		STATE FEE
DISTRICT III			6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			
SUNDR	Y NOTICES AND REPORTS ON V	/FIIS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			And the second s
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
	(FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well			BRAVO DOME CO2 GAS UNIT
	GAS .		
WELL	WELL OTHER	CO2	
2. Name of Operator			8. Well No.
OXY USA Inc.			1930-281G
3. Address of Operator			9. Pool name or Wildcat
, ·	AD. NEW MEXICO 88410		BRAVO DOME CO2 GAS UNIT
P.O. Box 303, AMIST	AD, NEW MEXICO 88410		BHAVO DOINE CO2 GA3 DIVIT
4. Well Location			
Unit Letter G :	1700 Feet From The North	Line and 1700	Feet From The East Line
Section 28	Township 19N	Range 30E NM	PM HARDING County
	10. Elevation (Show wh	ether DF, RKB, RT, GR, etc.)	
	選挙を5.7% 「1.1.1 A	88.6 GR	
	effect and action of the second and action of the second action of the s		The state of the s
III. Che	eck Appropriate Box to Indicate	e Nature of Notice, Repo	ort, or Other Data
NOTICE O	F INTENTION TO:	SUBS	EQUENT REPORT OF:
DEDECTIVE DEVELOR WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLOG AND ABANDON	REWEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS	S. PLUG AND ABANDONMENT
PULL OR ALTER CASING	· -	CASING TEST AND CEMENT	JOB
OTHER:		OTHER: Yearly Bradenhead Te	est (TA Well) X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)  SEE RULE 1103.			
LIEU MONTHON	/ TDO DD500 000 D5	SECO. BLEED BOWNIE	
YEAR MONTH/DAY	"		
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2011 9/14	545#	nen!	
2012 9/10	555#	for temporary abandonment	
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I hereby certify that the information above strue and complete to the best of my knowledge and belief.			
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SIGNATURE //	TITLETITLE	Well Analyst	DATE 11/05/12
TYPE OR PRINT NAME M. L. CLAY			TELEPHONE NO. (505) 374-3058
(This space for State Use)	- 1 1	BIATRIAT ALIBER	MAAN
APPROVED BY	Martin TITLE_	DISTRICT SUPER	VISUR DATE /1/20/20/2
CONDITIONS OF APPROVAL, IF ANY:	· · / · · · · · · · · · · · · · · · · ·		11/20/2012
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