Submit 3 Copies			State of New M	exico		Form C-	103	
to Appropriate		Energy, Minerals, and Natural Resources Department				Revised 1-1-89		
District Office								
DISTRICT I		OIL CON	SERVATIO	N DIVISION	[WELL	L API NO.		
						30-021-20094		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088								
DISTRICT II RESANTAL FRE, New Mexico 87504-2088						cate Type of Lease		
P.O. Drawer DD, Artes	sia, NM 88210					STATE	FEE	
DISTRICT III		2014 OCT - 1	D 2: 53		6 State	e Oil & Gas Lease No.		
DISTRICT III	A NB4 07410	1014 OF 1 = 1	- Z. ())		ju. Stat	e On & Gas Lease No.		
1000 Rio Brazos Rd., A	Aziec, NM 6/410							
	SUNDRY	NOTICES AND RE	PORTS ON W	ELLS	1 (1 m) 1 (1 m		AND THE PROPERTY	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A								
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						7. Lease Name or Unit Agreement Name		
	(F	FORM C-101) FOR SUCH PR	OPOSALS.)					
1. Type of Well					BF	RAVO DOME CO2 GAS U	NIT	
OIL	G	AS T						
WELL .	w	ELL	OTHER	CO2				
2. Name of Operator					8. Well	l No.		
OXY U	SA Inc.					2031-101G		
					- la P	37711		
Address of Operator					1	name or Wildcat		
P.O. Bo	x 303, AMISTA	D, NEW MEXICO	88410		BF	RAVO DOME CO2 GAS U	NIT	
4. Well Location								
Unit Letter	G : 1	650 Feet From T	he NORTH	Line and	1650	Feet From The EAST	Line	
1 · —								
Section	10	Township	20N	Range 31E	NMPM	HARDING	County	
		10. El	evation (Show whe	ther DF, RKB, RT, GR, etc.)				
			4664	GR				
	Cha	ols Appropriate De	av ta Indianta	Noture of Matica	Donort or (Othor Data		
11.			ox to maicate	Nature of Notice,	, Report , or C	Julier Data		
	NOTICE OF	INTENTION TO:			SUBSEQUEN	NT REPORT OF:		
DEDECOM DEMEN	i woby	DULIO AND ADANDO		DEMEDIAL MODIC		1 1750000 040		
PERFORM REMEDI	AL WORK	PLUG AND ABANDO	` <u> </u>	REMEDIAL WORK	<u>L</u>	ALTERING CAS	SING ,	
TEMPORARILY ABA	ANDON	CHANGE PLANS		COMMENCE DRILLIN	NG OPNS.	PLUG AND ABA	ANDONMENT	
DUIL OR ALTER CA	Veine 🗎			CACINIC TECT AND (┪	_	
PULL OR ALTER CA	Silva L			CASING TEST AND (L_			
OTHER:				OTHER: Yearly Brad	enhead Test (TA We	II)	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 110		ins (Clearly Sta	ate an periment detai	is, and give peninent dates,	including estimated	oate of starting any propose	a work)	
	MONTH/DAY	TBG. PRESS.	CSG. PRI	SS. BLEED DC	NAN TIME			
1998	8/27	340#	_	-SS. BLLLD DC	AAIA IIIVIL			
1999	6/22	340#	0 0				[
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		350#	0				Ì	
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2007	11/13	345#	0	æi.	is approval ic	3/1		
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2013	8/28	350#	Ö					
2014	8/27	345#	Ő				[
[[-~.,	O. L.	J-1011	J			•	I	
I L								
I hereby certify that the information above is true and gomplete to the best of my knowledge and belief.								
į	inc initiation above	s is tide any complete to an						
SIGNATURE	din	- Ches	TITLE	Well Analyst		DATE 9/16/14		
TYPE OR PRINT NAME	M. L. CLAY	- /				TELEPHONE NO.	(505) 374-3058	
			=======================================			TEET HOME NO.	(330) 0.7 0000	
(This space for State	Mee)	& .		MICTHIAT A	1112	ia L.	2/116	
APPROVED BY	Will	your	TITLE	DISTRICT S	METRINE	AD DATE (0 12	2/1 <u>T</u>	
CONDITIONS OF APPE	ROVAL, IF ANY:	//	· —		A DELEALE	AII	, - —	
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