Submit 3 Copies To Appropriate District		New Me		report of the way	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals	and Natu	ral Resources	WELL API NO	Revised March 25, 1999
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSER'	VATION	DIVISION	30-459 23 027	CI
District III	1220 Sout	h St. Frai	ncis DruEC 2 1	5. Indicate Type	of Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa F	e, NM 87	1000	State Oil & C	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			OIL CONSER	VATION	
SUMDRY MOTIC	ES AND REPORTS O	N WELLS	DIVINII	V. Lease Name or	r Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK-TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:				Bravo Dome Carbon Dioxide Gas Unit 1934	
· · · · —	Other CO ₂				
2. Name of Operator OXY USA, Inc.				8. Well No. 231	K
3. Address of Operator				9. Pool name or Wildcat	
P. O. Box 303, Amistad, NM 88410				Bravo Dome CO ₂ Gas Unit 640 Acre Area	
4. Well Location					
Unit Letter K : 19	980feet from the	_South	line and198	60feet from the	heWestline
Section 23	Township	19-N	Range 34-E	NMPM	Union County
Scotton 23	10. Elevation (Show				Choir County
		474	9' GL		
11. Check Ap	opropriate Box to In	ndicate N	ature of Notice,	Report or Other	Data
NOTICE OF INT				SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	v 🗆	REMEDIAL WOR	< D	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	1D 🗆	, is a control of the
OTHER:			OTHER:		П
12. Describe proposed or completed	operations. (Clearly st	ate all pert	inent details, and give	ve pertinent dates, i	ncluding estimated date of
starting any proposed work). SEI recompilation.					
11/28/2005 - Well was shut-in pendin	g PxA due to high wat	er producti	on and low CO2 gas	production. PxA	work scheduled for summe
2006.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE DIF	comb	TITLE	ETeam Lea	ader	DATE12-19-2005
	J. Holoomb			Telephone N	No. 505-374-3010
(This space for State use)	11 / /				
APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 12/21/05					
Conditions of approval, if any:					