

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**WELL API NO.**

30-021-20055

**5. Indicate Type of Lease**

STATE ☐ FEE ☐

**6. State Oil & Gas Lease No.**

**7. Lease Name or Unit Agreement Name**

BRAVO DOME CO2 GAS UNIT

**8. Well No.**

2032-041K

**9. Pool name or Wildcat**

BRAVO DOME CO2 GAS UNIT

**SUNDRY NOTICES AND REPORTS ON WELLS**

(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 ☐ GAS WELL ☐ OTHER CO2

**2. Name of Operator**

OXY USA Inc.

**3. Address of Operator**

P.O. Box 303, AMISTAD, NEW MEXICO 88410

**4. Well Location**

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 4 Township 20N Range 32E NMPM HARDING County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
4766.50 GR

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Yearly Bradenhead Test (TA Well) ☒

**12. Describe Proposed or Completed Operations**  
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1991	6/19	335#	0	
1992	6/17	330#	0	
1993	5/28	330#	0	
1994	6/2	330#	0	
1995	6/30	330#	0	
1996	6/3	330#	0	
1997	7/8	330#	0	
1998	8/27	330#	0	
1999	6/22	325#	0	
2000	8/10	325#	0	
2001	1/10	330#	0	
2002	6/19	330#	0	
2003	8/12	330#	0	
2004	7/13	330#	0	
2005	8/10	330#	0	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. L. Clay TITLE Well Analyst DATE 8/15/05  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)  
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 1/30/06  
CONDITIONS OF APPROVAL, IF ANY: