

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-059-20204	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit 1934	
8. Well No. 321A (SWD)	
9. Pool name or Wildcat Bravo Dome CO <sub>2</sub> Gas Unit 640 Acre Area	
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	
2. Name of Operator OXY USA, Inc.	
3. Address of Operator P. O. Box 303, Amistad, NM 88410	
4. Well Location Unit Letter <u>A</u> : <u>956</u> feet from the <u>North</u> line and <u>956</u> feet from the <u>East</u> line Section <u>32</u> Township <u>19N</u> Range <u>34E</u> NMPM Union County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4912' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Mechanical Integrity Testing <input checked="" type="checkbox"/>

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1/11/06 – During active salt water disposal operations, casing valve was opened and no annular pressure or vacuum was found. Roy Johnson, NMOCD District IV Supervisor witnessed test.

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

SIGNATURE DJ Holcomb TITLE Team Leader DATE 1-20-2006

Type or print name Danny J. Holcomb Telephone No. 505-374-3010  
(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 1/30/06  
Conditions of approval, if any