

Submit 1 Copy 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  
 October 13, 2009

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

|   |
|---|
| WELL API NO.<br><b>3002120453</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>L 05795</b>  |
| 7. Lease Name or Unit Agreement Name<br><b>BRAVO DOME CARBON DIOXIDE GAS UNIT</b>                   |
| 8. Well Number <b>233</b>   |
| 9. OGRID Number <b>16696</b>  |
| 10. Pool name or Wildcat<br><b>BRAVO DOME CARBON DIOXIDE GAS 640 - 9610</b>                         |

**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: CO<sub>2</sub> PRODUCER

2. Name of Operator  
**OXY USA INC**

3. Address of Operator  
**P.O. Box 303, Amistad, New Mexico 88410**

4. Well Location  
 Unit Letter G : 1889 feet from the NORTH line and 1704 feet from the EAST line  
 Section 23 Township 20 N Range 31 E NMPM County UNION

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4726' (GL)**

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

|  |  |
|--|--|
| <p><b>NOTICE OF INTENTION TO:</b></p> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>OTHER: <input type="checkbox"/> | <p><b>SUBSEQUENT REPORT OF:</b></p> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |
|--|--|

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**SEE ENCLOSED INFORMATION AND WELLBORE SCHEMATIC**

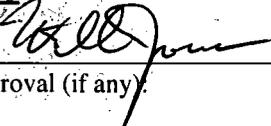
Spud Date:  Rig Release Date:

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

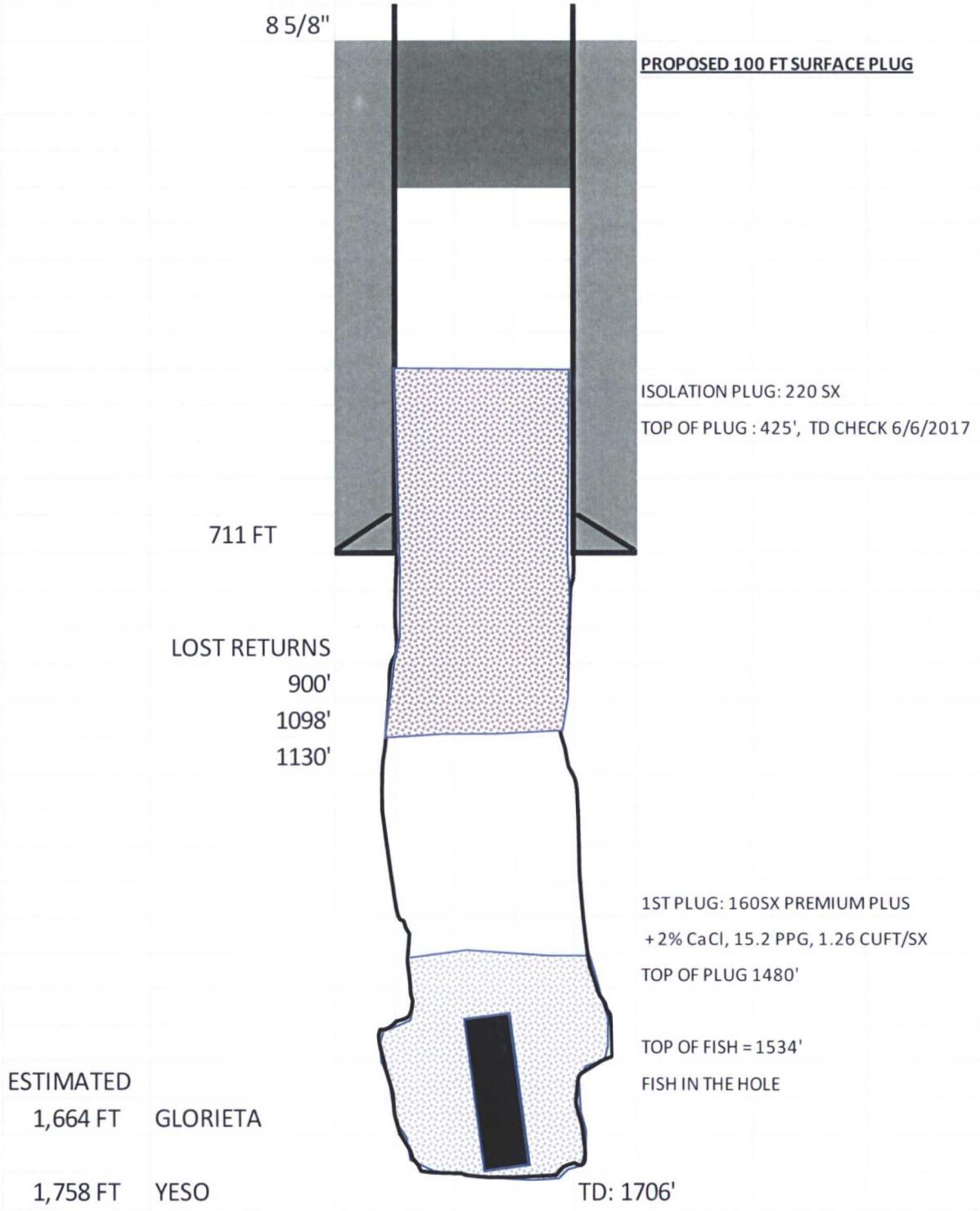
SIGNATURE  TITLE Engineering Advisor DATE 06/12/2017

Type or print name AL GIUSSANI E-mail address: albert\_giussani@oxy.com PHONE: 806 894-0200

**For State Use Only**

APPROVED BY:  TITLE Engineer DATE 6/21/17  
 Conditions of Approval (if any):

WELL NAME 20 31 23 3 G  
API 3002120453



**WELL DETAILS:**

SPUD 6/9/2008 TD 1,706 FT  
RELEASE 6/18/2008 PBTD

SURFACE 12.25"  
721 FT  
8 5/8", 24 #/FT, J 55 SET AT 711'  
400 SX PREMIUM PLUS + 2% CaCl, 14.8  
PPG  
RETURNS- CIRCULATED 166 SX  
PRODUCTION 7 7/8  
1,706 FT  
NO PRODUCTION CASING RUN

LOST CIRCULATION ISSUES + STUCK PIPE FORCE T O PLUG WELL  
DURING DRILLING OPERATIONS. SEE ENCLOSED REPORT.

**PROPOSED PLUG:**

SURFACE 100 FT FROM SURFACE = 33 SX

PLAN