

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

**WELL API NO.**  
30-021-20423

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

**5. Indicate Type of Lease**  
STATE  FEE

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

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

**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.)

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

BRAVO DOME CO2 GAS UNIT

**1. Type of Well**  
WELL  WELL  OTHER  **CO<sub>2</sub> PRODUCER**

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

**8. Well No.**  
1831-131G

**3. Address of Operator**  
P.O. Box 303, AMISTAD, NEW MEXICO 88410

**9. Pool name or Wildcat**  
BRAVO DOME CO2 GAS UNIT 160

**4. Well Location**  
Unit Letter G : 1700 Feet From The NORTH Line and 1700 Feet From The EAST Line  
Section 13 Township 18N Range 31E NMPM HARDING County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
4571' GR

**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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <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.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2015	9/9	390#		
2016	8/23	395#		
2017	8/3	410#		

TA  
EXPIRES 9/30/18

NO TUBING - 5 1/2" RG

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

SIGNATURE [Signature] TITLE SR ENG ADVISOR DATE 9/12/2017

TYPE OR PRINT NAME AL GIUSEPANI TELEPHONE NO. (808) 894 0200

(This space for State Use)  
APPROVED BY [Signature] TITLE Engineer DATE 9/26/17

CONDITIONS OF APPROVAL, IF ANY: