

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.**  
30-059-20504

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

**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 CO<sub>2</sub> GAS UNIT

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

**8. Well No.**  
2432-361G

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

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

**9. Pool name or Wildcat**  
BRAVO DOME CO<sub>2</sub> GAS UNIT 640

**4. Well Location**  
Unit Letter G : 1886 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 36 Township 24N Range 32E NMPM UNION County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
5243' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Yeasty 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
2011	3/24	0#		
2011	10/18	0#		
2012	8/28	0#		
2013	8/29	0#		
2014	9/11	0#		
2015	9/15	0#		
2016	9/15	0#		
2017	8/17	0#		

NO TUBING - 5 1/2" RG

TA EXPIRES 9/30/18

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 GUSEIN TELEPHONE NO. (806) 694 0200

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

CONDITIONS OF APPROVAL, IF ANY: