

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-059-20394
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 Supply Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc. 16696		6. State Oil & Gas Lease No. ---
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250		7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit 2034
4. Well Location Unit Letter M : 1027 feet from the south line and 264 feet from the west line Section 32 Township 20N Range 34E NMPM County Union		8. Well No. 322
		9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4935.9'		

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

See Other Side

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

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 8/5/03

Type or print name David Stewart Telephone No. 432-685-5717

(This space for State use) [Signature] **DISTRICT SUPERVISOR** DATE 8/8/03  
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8/8/03  
Conditions of approval, if any

**BDCDGU 2034-322**

**7/11/03** CMIC: Randy Baker

MI & RUWL R Compensated Neutron, Gamma - Ray Collar Log PBTD 2548'

**7/15/03**

MI & RU SU R 2.375 Tbg to 2508', Swb Well Dry P & LD Tbg RD & MOSU

**7/16/03**

Dump 6 BBL 15% HCL Acid + 4 BBL 6% KCL

MI X RUWL R 3.125 Perf Gun Perforate 2320' to 2432', 2440' to 2460'

With 4 DPJSPF, 42" Hole = 544 Holes

Flow well to Production

**8/01/2003**

Frac Down Csg with 338 BBL Gel KCL mixed with 63 Tons of CO2

Containing 616 sx 12/20 Brady SN

Max TP - 1490 psi Avg TP - 1190 psi Max IR - 45 BPM AIR - 40 BPM

ISIP - 1172 psi 5 Min SIP - 686 psi 10 Min SIP - 498 psi 15 Min SIP - 471 psi

Flow Well to Pit on .50" Choke

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