

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 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-021-20049																																																																																	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		(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.)		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>																																																																																	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No.																																																																																	
				7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT																																																																																	
1. Type of Well Oil WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2				8. Well No. 1932-181G																																																																																	
2. Name of Operator OXY USA Inc.				9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																																																																	
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																																																					
4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 18 Township 19N Range 32E NMPM HARDING County																																																																																					
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4574.6 GR																																																																																					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																																																					
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>			SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <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.																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr></thead><tbody><tr><td>1992</td><td>6/11</td><td>430#</td><td>0</td><td></td></tr><tr><td>1993</td><td>5/27</td><td>430#</td><td>0</td><td></td></tr><tr><td>1994</td><td>5/27</td><td>425#</td><td>0</td><td></td></tr><tr><td>1995</td><td></td><td></td><td></td><td></td></tr><tr><td>1996</td><td>5/24</td><td>425#</td><td>0</td><td></td></tr><tr><td>1997</td><td>8/21</td><td>425#</td><td>0</td><td></td></tr><tr><td>1998</td><td>9/3</td><td>425#</td><td>0</td><td></td></tr><tr><td>1999</td><td>6/24</td><td>430#</td><td>0</td><td></td></tr><tr><td>2000</td><td>9/6</td><td>430#</td><td>0</td><td></td></tr><tr><td>2001</td><td>1/5</td><td>420#</td><td>0</td><td></td></tr><tr><td>2002</td><td>6/18</td><td>420#</td><td>0</td><td></td></tr><tr><td>2003</td><td>7/16</td><td>425#</td><td>0</td><td></td></tr><tr><td>2004</td><td>7/13</td><td>425#</td><td>0</td><td></td></tr><tr><td>2005</td><td>8/10</td><td>425#</td><td>0</td><td></td></tr><tr><td>2006</td><td>7/26</td><td>435#</td><td>0</td><td></td></tr></tbody></table>						YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	1992	6/11	430#	0		1993	5/27	430#	0		1994	5/27	425#	0		1995					1996	5/24	425#	0		1997	8/21	425#	0		1998	9/3	425#	0		1999	6/24	430#	0		2000	9/6	430#	0		2001	1/5	420#	0		2002	6/18	420#	0		2003	7/16	425#	0		2004	7/13	425#	0		2005	8/10	425#	0		2006	7/26	435#	0	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																																																																					
SIGNATURE <i>M. L. Clay</i>		TITLE Well Analyst		DATE 10/16/06																																																																																	
TYPE OR PRINT NAME M. L. CLAY				TELEPHONE NO. (505) 374-3058																																																																																	
(This space for State Use)																																																																																					
APPROVED BY <i>Ed Martin</i>		TITLE DISTRICT SUPERVISOR		DATE 1-10-07																																																																																	
CONDITIONS OF APPROVAL, IF ANY:																																																																																					