

Submit 5 Copies 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  
May 27, 2004

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

<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. 30-059-20027
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE XX <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 303 Amistad, NM 88410		7. Lease Name or Unit Agreement Name Bravo Dome carbon Dioxide Gas Unit 1934
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>23</u> Township <u>19-N</u> Range <u>34-E</u> NMPM Union County		8. Well Number <u>231K</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4749' GL		9. OGRID Number
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. 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 COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A XX <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/06/2006 Well was plugged and abandoned. Set cement retainer @ 2060'. Pumped 30 sacks of cement below retainer and 20 sack cement above retainer. Set 10 sack cement plug @ surface. Installed P & A marker and cleaned up location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE James E Corley TITLE Production Team Leader DATE 01/16/2006

Type or print name James E Corley E-mail address: eddie\_corley@oxy.com Telephone No. (505) 374-3052

**For State Use Only**

APPROVED BY: [Signature] TITLE **DISTRICT SUPERVISOR** DATE 1-23-07  
Conditions of Approval (if any):