

to Appropriate  
District Office**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.**

30-021-20221

**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 CO2 GAS UNIT

**1. Type of Well**OIL WELL ☐ GAS WELL ☐ OTHER CO2**2. Name of Operator**

OXY USA Inc.

**8. Well No.**

2132-211K

**3. Address of Operator**

P.O. Box 303, AMISTAD, NEW MEXICO 88410

**9. Pool name or Wildcat**

BRAVO DOME CO2 GAS UNIT

**4. Well Location**Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line  
Section 21 Township 21N Range 32E NMPM HARDING County**10. Elevation (Show whether DF, RKB, RT, GR, etc.)**

4780 GR

**11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data****NOTICE OF INTENTION TO:**PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Yearly Bradenhead Test (TA Well) ☒**12. Describe Proposed or Completed Operations**

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	9/27	335#	1#	
1991	9/20	325#	0	
1992	9/16	325#	0	
1993	6/7	325#	0	
1994	6/17	325#	0	
1995				
1996	6/6	315#	0	
1997	4/14	315#	0	
1998	6/11	315#	0	
1999	6/16	320#	0	
2000	7/13	320#	0	
2001	1/11	320#	0	
2002	6/19	320#	0	
2003	8/18	315#	0	

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

SIGNATURE

TITLE Well Analyst

DATE 8/21/03

TYPE OR PRINT NAME M. L. CLAY

TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY

TITLE DISTRICT SUPERVISOR

DATE 9/5/03

CONDITIONS OF APPROVAL, IF ANY: