

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

WELL API NO. 30-059-20408	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. ---	
7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit 1934	
8. Well No. 202	
9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640	
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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 Supply Well <input type="checkbox"/>	
2. Name of Operator OXY USA Inc. 16696	
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	
4. Well Location Unit Letter L : 2310 feet from the south line and 330 feet from the west line Section 20 Township 19N Range 34E NMPM County Union	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4943.9'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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"/> MULTIPLE COMPLETION <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 Sc. Regulatory Analyst DATE 9/3/03

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

(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/8/03

Conditions of approval, if any:

BDCDGU 1934-202

7/23/03

MI & RU WL R Compensated Neutron Gamma Ray Collar Log PBD 2485'
MI x RU SU R 2.375 Tbg to 2480' Swb Well Dry P & LD Tbg RD & MOSU
Dump 6 BBL 15% HCL Acid + 5 BBL 6% KCL

8/11/03

MI & RUWL R 3.125" Perf Gun Perforate 2312' to 2412', 2430' to 2450'
With 4 DPJSPF, 480 Holes @ .42" each
Flow well to Production @ 1000 MCF/ day

8/27/03

Frac Down Casing with 343 BBL Gel KCL mixed with 62 Tons of CO2
Containing 612 sx 12/20 Brady Sand
Max TP - 1572 psi Avg TP - 1000 psi Max IR - 45 bpm AIR - 40 bpm
ISIP - 1105 psi 5 min SIP - 463 psi 10 min SIP - 418 psi 15 min SIP - 388 psi
Flow Well to pit on .50" Choke
