

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

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.)		WELL API NO. 30-021-20326
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 1933
4. Well Location Unit Letter 0 : 624 feet from the south line and 1975 feet from the east line Section 14 Township 19N Range 33E NMPM County Harding		8. Well No. 142
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4954.1'		9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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 9/8/03

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 1933-142

8/10/03

MI & RUWL R Compensated Neutron, Gamma Ray, Collar Log PBTD 2472'

8/19/03

MI & RUSU R 2.735 Tbg to 2470' Swb Well Dry P & LD Tbg RD & MOSU
Dump 5 BBL 15% HCL + 5 BBL 6% KCL

8/21/03

MI & RUWL R 3.125 Perf Gun Perforate with 4DPJSPF 2320' to 2440'
480 Holes @ .42" each
Flow Well to Pit - Well Died - No Production

8/29/03

Frac Down Casing with 317 BBL Gel KCL mixed with 67 Tons of CO2
Containing 614 sx 12/20 Brady Sand
Max TP - 1368 psi Avg TP - 1100 psi Max IR - 54 bpm AIR 45 bpm
ISIP - 1100 psi 5 min SIP - 533 psi 10 min SIP - 412 psi 15 min SIP - 396 psi
Flow Well to Pit .50" Choke
