

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

2008 APR 17 PM 1 56

WELL API NO.

30-021-20420

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L05869

7. Lease Name or Unit Agreement Name:
Bravo Dome Carbon Dioxide Gas Unit

1831

8. Well Number

241

9. OGRID Number

16696

10. Pool name or Wildcat

Bravo Dome Carbon Dioxide Gas 160 640

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 ☐ Gas Well ☐ Other CO2 Supply

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 50250 Midland, TX 79710-0250

4. Well Location

Unit Letter G: 1700 feet from the North line and 1700 feet from the east lineSection 24 Township 18N Range 31E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4523.4'

Pit or Below-grade Tank Application ☒ or Closure ☐Pit type Syn Depth to Groundwater >100' Distance from nearest fresh water well >1000' Distance from nearest surface water >1000'Pit Liner Thickness: 12 mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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 ☐ MULTIPLE COMPLETION ☐OTHER: Request 1 year extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

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.

OXY USA Inc. respectfully requests that the APD for the above mentioned well be granted a one year extension. This permit will expire 5/4/08. Please see attached for a copy of the C-101.

NRW EXP. 5/4/09

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 David Stewart TITLE Sr. Regulatory Analyst DATE 4/12/08

E-mail address:

Type or print name David Stewart

Telephone No. 432-685-5717

For State Use Only

APPROVED BY Ed Martin TITLE DISTRICT SUPERVISOR DATE 4/18/08

Conditions of Approval, if any:

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

Oil Conservation Division

1220 S. St. Francis Dr.

Santa Fe, NM 87505

Submit to appropriate District Office

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

| | | |
|---|---|---|
| ¹ Operator Name and Address OXY USA Inc. P.O. Box 50250 Midland, TX 79710-0250 | | ² OGRID Number 16696 |
| | | ³ API Number 30- 021- 20420 |
| ⁴ Property Code 27111 | ⁵ Property Name Bravo Dome Carbon Dioxide Gas Unit 1831 | ⁶ Well No. 241 |
| ⁹ Proposed Pool 1 Bravo Dome Carbon Dioxide Gas 160 96010 | | ¹⁰ Proposed Pool 2 |

⁷ Surface Location

| UL or lot no. | Section | Township | Range | Lot. Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|----------|---------------|------------------|---------------|----------------|---------|
| G | 24 | 18 N | 31 E | | 1700 | North | 1700 | East | Harding |

⁸ Proposed Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot. Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|----------|---------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |

Additional Well Location

| | | | | |
|--|---------------------------------------|--|--|---|
| ¹¹ Work Type Code N | ¹² Well Type Code C | ¹³ Cable/Rotary R | ¹⁴ Lease Type Code S-LO 5869 | ¹⁵ Ground Level Elevation 4523.4' |
| ¹⁶ Multiple No | ¹⁷ Proposed Depth 2600' | ¹⁸ Formation Tubb | ¹⁹ Contractor N/A | ²⁰ Spud Date 7/1/07 |
| Depth to ground water >100' | | Distance from nearest fresh water well >1000' | | Distance from nearest surface water >1000' |
| Pit: Liner: Synthetic <input checked="" type="checkbox"/> 12 mils thick Clay <input type="checkbox"/> Pit Volume 4000 bbls Drilling Method: Closed-Loop System <input type="checkbox"/> Fresh Water <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Diesel/Oil-based <input type="checkbox"/> Gas/Air <input type="checkbox"/> | | | | |

²¹ Proposed Casing and Cement Program

| Hole Size | Casing Size | Casing weight/foot | Setting Depth | Sacks of Cement | Estimated TOC |
|-----------|-------------|--------------------|---------------|-----------------|---------------|
| 12-1/4" | 8-5/8" | 24# | 700' | 300sx | Surface |
| 7-7/8" | 5-1/2" | 5.9#FG/15.5# | 2600' | 300sx | Surface |
| | | | | | |
| | | | | | |
| | | | | | |

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

See Attachment

| | | | |
|--|---------------------|--|--|
| ²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that the drilling pit will be constructed according to NMOCD guidelines <input checked="" type="checkbox"/> a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> . | | OIL CONSERVATION DIVISION | |
| Signature: <i>David Stewart</i> | | Approved by: <i>Ed Martin</i> | |
| Printed name: David Stewart | | Title: DISTRICT SUPERVISOR | |
| Title: Sr. Regulatory Analyst | | Approval Date: 5/4/07 Expiration Date: 5/4/08 | |
| E-mail Address: david.stewart@oxy.com | | | |
| Date: 5/1/07 | Phone: 432-685-5717 | Conditions of Approval: Attached <input type="checkbox"/> | |