

Submit 3 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
Revised March 25, 1999

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

WELL API NO.

30-059-20205

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Bravo Dome Carbon Dioxide Gas Unit
1934

8. Well No.

261D (SWD)

9. Pool name or Wildcat

Bravo Dome CO₂ Gas Unit 640 Acre Area

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 SWD

2. Name of Operator

OXY USA, Inc.

3. Address of Operator

P. O. Box 303, Amistad, NM 88410

4. Well Location

Unit Letter D : 500 feet from the North line and 765 feet from the West line

Section 26

Township 19N

Range 34E

NMPM

Union

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4760' GL

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 ☐ MULTIPLE
COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND
ABANDONMENT ☐

CASING TEST AND
CEMENT JOB ☐

OTHER: Mechanical Integrity Testing ☒

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 recompletion.

9/23/08 - MI x RU Oxy pump trailer, CPC - 0 psi, TPC - pump 1 BFW down backside and pressure test to 500 psi for 30 minutes, OK.
RD x MO OXY pump trailer. Ed Martin, NMOCD District IV Supervisor witnessed test. See attached chart.

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

SIGNATURE Lynn Clay TITLE Artificial Lift Specialist DATE 9/23/08

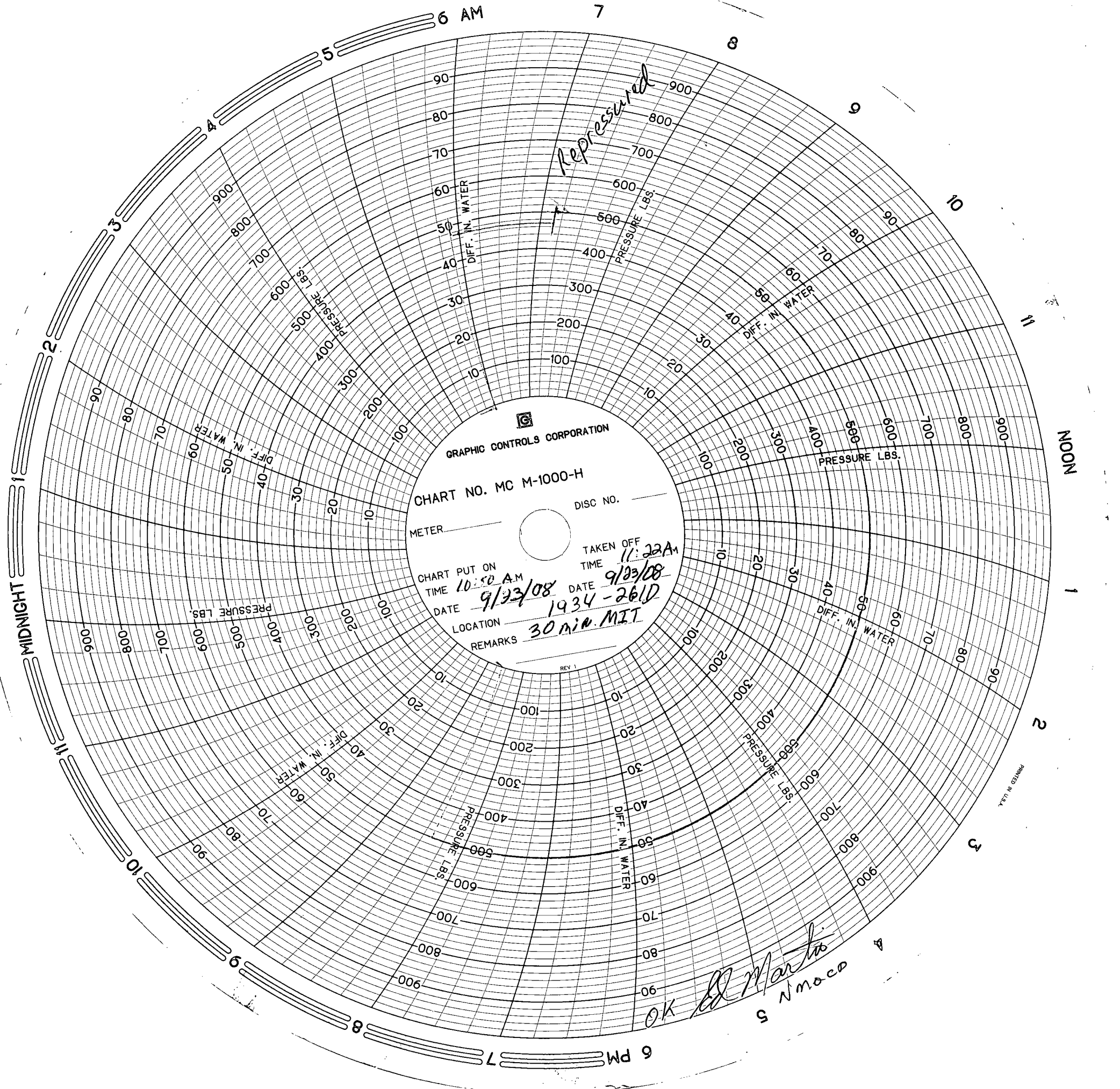
Type or print name Lynn Clay

Telephone No. 575-207-2008

(This space for State use)

APPROVED BY Ed Martin TITLE DISTRICT SUPERVISOR DATE 10/3/08

Conditions of approval, if any:



OK *Ed Martin*
5 NMOCD