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to Appropriate

District Office

State of New Mexico  
Energy, Minerals, and Natural Resources DepartmentForm C-103  
Revised 1-1-89

## 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.

30-021-20104

## 5. Indicate Type of Lease

STATE ☐ FEE ☐

## 6. State Oil &amp; Gas Lease No.

## 7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

## 8. Well No.

1831-161F

## 9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

## 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

## 2. Name of Operator

OXY USA Inc.

## 3. Address of Operator

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

## 4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The East Line  
Section 16 Township 18N Range 31E NMPM Harding County

## 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4340 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
1995	6/9	510#	0	
1996	5/23	510#	0	
1997	5/21	510#	0	
1998	7/22	510#	0	
1999	6/24	510#	0	
2000	9/6	510#	0	
2001	1/8	510#	0	
2002	6/18	510#	0	
2003	7/16	510#	0	
2004	7/15	510#	0	
2005	8/10	510#	0	
2006	7/26	510#	0	
2007	11/14	490#	0	
2009	1/23	510#	0	

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

SIGNATURE M L Clay TITLE Well AnalystDATE 1/27/09TYPE OR PRINT NAME M. L. CLAYTELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY Ed Martin TITLE DISTRICT SUPERVISORDATE 2/6/09

CONDITIONS OF APPROVAL, IF ANY: