

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department	Form C-103 Revised 1-1-89																																																																											
OIL CONSERVATION DIVISION		WELL API NO. 30-021-20106																																																																											
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>																																																																											
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088																																																																												
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.																																																																											
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.)		7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT																																																																											
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2																																																																													
2. Name of Operator OXY USA Inc.		8. Well No. 2031-211G																																																																											
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																																																											
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>21</u> Township <u>20N</u> Range <u>31E</u> NMPM <u>HARDING</u> County																																																																													
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4680</u> <u>GR</u>																																																																													
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data <table style="width:100%;"><tr><td style="width:50%; vertical-align: top;">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"/> OTHER: <input type="checkbox"/></td><td style="width:50%; vertical-align: top;">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: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/></td></tr></table>			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"/> OTHER: <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: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>																																																																									
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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.																																																																													
<table style="width:100%;"><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr><tr><td>1994</td><td>6/2</td><td>470#</td><td>0</td><td></td></tr><tr><td>1995</td><td>6/30</td><td>470#</td><td>0</td><td></td></tr><tr><td>1996</td><td>6/3</td><td>470#</td><td>0</td><td></td></tr><tr><td>1997</td><td>7/8</td><td>470#</td><td>0</td><td></td></tr><tr><td>1998</td><td>8/27</td><td>480#</td><td>0</td><td></td></tr><tr><td>1999</td><td>6/22</td><td>480#</td><td>0</td><td></td></tr><tr><td>2000</td><td>8/10</td><td>490#</td><td>0</td><td></td></tr><tr><td>2001</td><td>1/10</td><td>480#</td><td>0</td><td></td></tr><tr><td>2002</td><td>6/19</td><td>480#</td><td>0</td><td></td></tr><tr><td>2003</td><td>8/12</td><td>480#</td><td>0</td><td></td></tr><tr><td>2004</td><td>7/13</td><td>480#</td><td>0</td><td>Big Puff 20 sec.</td></tr><tr><td>2005</td><td>8/10</td><td>480#</td><td>0</td><td></td></tr><tr><td>2006</td><td>7/26</td><td>480#</td><td>0</td><td></td></tr><tr><td>2007</td><td>11/13</td><td>490#</td><td>0</td><td></td></tr></table> <p>No longer T/A -- pipeline extended to well and well is producing</p>			YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	1994	6/2	470#	0		1995	6/30	470#	0		1996	6/3	470#	0		1997	7/8	470#	0		1998	8/27	480#	0		1999	6/22	480#	0		2000	8/10	490#	0		2001	1/10	480#	0		2002	6/19	480#	0		2003	8/12	480#	0		2004	7/13	480#	0	Big Puff 20 sec.	2005	8/10	480#	0		2006	7/26	480#	0		2007	11/13	490#	0	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																																																													
SIGNATURE <u>M L Clay</u> TITLE <u>Well Analyst</u> DATE <u>1/27/09</u>																																																																													
TYPE OR PRINT NAME <u>M. L. CLAY</u> TELEPHONE NO. <u>(505) 374-3058</u>																																																																													
(This space for State Use) APPROVED BY <u>Ed Martha</u> TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>2/6/09</u>																																																																													
CONDITIONS OF APPROVAL, IF ANY:																																																																													