

Submit 3 Copies

to Appropriate

District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form 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

2009 FEB 27 PM 12 07

## WELL API NO.

30-021-20397

## 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.

1932-101G

## 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 G : 1699 Feet From The NORTH Line and 1699 Feet From The EAST LineSection 10 Township 19N Range 32E NMPM HARDING County

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

4681.4 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:

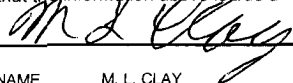
REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Yearly Bradenhead Test (TA Well) ☒12. Describe Proposed or Completed Operations  
SEE RULE 1103.

(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
2009	2/20/09	400#	0#	

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

SIGNATURE



TITLE

Well Analyst

DATE

2/19/09

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO.

(505) 374-3058

(This space for State Use)

APPROVED BY



TITLE

DISTRICT SUPERVISOR

DATE

2/22/09

CONDITIONS OF APPROVAL, IF ANY: