District	Submit 3 Copie Office	es To Appropriate Dis			ite of New N		nrces	Form C-103 June 19, 2008			
1. Sund Are. Appropriate Box 10   1. 220 South St. Francis Dr. Santa Fe, NM \$7505   Santa F	District I	District I.						WELL API NO.			
Santa Fe, NM 87505   STATE   FEF	1301 W., Grand	Ave:, Artegiar NM 88	5210								
Constitution   Cons	1000 Rid-Brazos Rut, Aztec, NM 87410 Santa Fe, NM 87505						ST.	ATE 🗆	FEE	X	
SUNDRY NOTICES AND REPORTS ON WELLS ON OT USET THIS PORM FOR PROPOSALS TO DRIED AND OTHER PROPOSALS TO A PROPOSALS TO RULL OR TO SECRETARY RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO RULL OR THE PROPOSALS TO RULL OR	District IV ARRAS FAR Firancis Dr. Panta N. NOS							6. State C	Dil & Gas L	ease No.	
3. Address of Operator   P.O. Box 4294 Houston, TX 77210-4294	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 Well							Bravo Dome Carbon Dioxide Gas Unit 2233  8. Well Number 091  9. OGRID Number			
P. D., Box. 4294 Houston, TX 77210-4294  4. Well Location  Unit Letter G : 1700   feet from the N   line and 1700   feet from the E   line   Section 9   Township 22N   Range 33E   NMPM   County   Union    11. Elevation (Show whether DR, RKB, RT, GR, etc.)   5008.8 'GR  12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS. [X] P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   X  OTHER:   OTHER:   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.  See Attachment  Spud Date:   08/26/09   Rig Release Date:   09/01/08    Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   TITLE   Sr. Regulatory Analyst   DATE   05/12/09   Kimberly Long@oxy.com   PHONE 713-215-7643    For State Use Only   APPROVED BY   AMACAST   TITLE   DISTRICT SUPERVISOR   ATTILE   DISTRICT S					•						
Section 9 Township 22N Range 33E NMPM County Union  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COMMENCE COMMINGLE  OTHER:  OTHE	P.O. Box 4294 Houston, TX 77210-4294										
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:	Unit Le	tter G	: 1700	feet fro	om the	N 1	ine and	1700	feet from	theE	line
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:	Section	9								County	Union
NOTICE OF INTENTION TO:    SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   PAND A   PA											
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  PEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  PAND A  PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB    OTHER:  OTHER:  OTHER:  OTHER:  OTHER:  SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  See Attachment  Spud Date:  08/26/09  Rig Release Date:  09/01/08  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE  Sr. Regulatory Analyst  DATE  05/12/09  Kimberly Long@oxy.com  PHONE 713-215-7643  For State Use Only  APPROVED BY  Marking  TITLE  DISTRICT SUPERVISOR TITLE  DISTRICT SUPERVISOR TITLE  TITLE  TITLE  ST. SUPERVISOR TITLE  TITLE  DISTRICT SUPERVISOR TITLE  T	12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data										
TEMPORARILY ABANDON	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:										
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   X    OTHER:   O	PERFORM RE	EMEDIAL WORK	PL.	JG AND AB	ANDON 🗌	REMEDI	AL WORK			ALTERING	CASING
OTHER:  OTHER:  OTHER:  OTHER:  OTHER:  OTHER:  I3. 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.  See Attachment  Spud Date:  08/26/09  Rig Release Date:  09/01/08  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE  Sr. Regulatory Analyst Kimberly Long Kimberly Long Kimberly Long E-mail address:  PHONE 713-215-7643  For State Use Only  APPROVED BY  JAMANTAN  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  TITLE  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE	TEMPORARIL	Y ABANDON	Сн	ANGE PLAN	vs 🗆					P AND A	
OTHER:  OTHER:  OTHER:  Distribe 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.  See Attachment  Spud Date:  08/26/09  Rig Release Date:  09/01/08  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com  PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR  TITLE DISTRICT SUPERVISOR  TITLE DISTRICT SUPERVISOR  TITLE DISTRICT SUPERVISOR	PULL OR ALTER CASING							ОВ			
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.  See Attachment  Spud Date:  08/26/09  Rig Release Date:  09/01/08  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE  Sr. Regulatory Analyst  DATE  05/12/09  Kimberly_Long@oxy.com  PHONE  713-215-7643  For State Use Only  APPROVED BY  APPROVED BY  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  DISTRICT SUPERVISOR  TITLE  TI	DOWNHOLE	COMMINGLE									
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.  See Attachment  Spud Date:  08/26/09  Rig Release Date:  09/01/08  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE  Sr. Regulatory Analyst  DATE  05/12/09  Kimberly_Long@oxy.com  PHONE  713-215-7643  For State Use Only  APPROVED BY  APPROVED BY  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  TITLE  TITLE  DISTRICT SUPERVISOR  TITLE  DISTRICT SUPERVISOR  TITLE  TI	OTHER:					OTHER:		·			
Spud Date: 08/26/09 Rig Release Date: 09/01/08  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Sr. Regulatory Analyst DATE 05/12/09  Kimberly_Long@oxy.com E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY SIGNATURE TITLE DISTRICT SUPERVISOR TI	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.										
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com  E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR	See Attachment										
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com  E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR											
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com  E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR											
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com  E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR											
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com  E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR	ſ									٦	
SIGNATURE  TITLE Sr. Regulatory Analyst DATE 05/12/09  Kimberly Long@oxy.com E-mail address: PHONE 713-215-7643  For State Use Only  APPROVED BY SUPERVISOR  TITLE DISTRICT SUPERVISOR	Spud Date:	08/26	6/09 		Rig Rel	ease Date:		09/01/08			
Type or print name Kimberly Long  E-mail address:  PHONE 713-215-7643  For State Use Only  APPROVED BY  TITLE DISTRICT SUPERVISOR  THE DISTRICT SUPERVISO	I hereby certif	y that the information	ation above	is true and	complete to the	ne best of m	y knowledge	e and belief	2		·
For State Use Only APPROVED BY  ### APPROVED BY  ### ITTLE DISTRICT SUPERVISOR 5/14/09	SIGNATURE		F->	$\sim$	TI				ystD	ATE	05/12/09
APPROVED BY SINGUE SUPERVISURATE 5/14/09	Type or print	name <u>Kimberly</u>	Long		<u></u> E-				Pl	HONE <u>71:</u>	3-215-7643
	For State Use	Only	2011		•	F7 6 6	CTDIAT	CHDED	Mend		, ,
A CHRISTIAN AND AND AND AND AND AND AND AND AND A			11/a	Atom	T	ITLE_U	DIKIVI	BALEK	AIDADA	TE <u>5/</u>	14/09

Page 2 (C-103 Attachment)

Page 2 (C-103 Attachment)

SPUD 08/26/08

DRILL 12 1/4" HOLE TO 727'

RIH W/ 8 5/8" 24#J55 CSG & SET @ 713'

CEMENT W/ 400 SX PP CEMENT YIELD 1.35 @ 14.8 PPG; CIRCULATE 154 SX TO SURFACE; WOC

DRILL 7 7/8" HOLE TO 2684'

RIH W/ 5 1/2" 5.3#FG 15.5# J55 CSG & SET @ 2656'

CEMENT W/ 300 SX PP W/ 2% CACL2 @ 11.1 PPG 3.27 YIELD; FOLLOWED BY 150 SX PP W/ 3% CACL2 13.2 PPG 1.86 YIELD; CIRCULATE 82.5 SX TO SURFACE; WOC

RELEASE RIG 09/01/08