

Submit to Appropriate District Office Five Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 July 17, 2008					
								1. WELL API NO. 30-059-20503			
								2. Type Of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN			
								3. State Oil & Gas Lease No.			
WELL COMPLETION OR RECOMPLETION REPORT AND LOG											
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)								5. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas 2333			
								6. Well Number 081			
9. Type of Completion <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER											
8. Name of Operator OXY USA Inc.						9. OGRID Number 16696					
10. Address of Operator P.O. Box 4294 Houston, TX 77210-4294						11. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640					
12. Location	Unit Letter	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	G	8	23N	33E		1700	N	1700	E	Union	
BH:											
13. Date Spudded 09/01/08		14. Date T.D. Reached 09/05/08		15. Date Rig Released 09/06/08		16. Date Completed (Ready to Produce)			17. Elevations (DF & RKB, RT, GR, etc.) 5221.4' GR		
18. Total Measured Depth of Well 2926'			19. Plug Back Measured Depth 2999'			20. Was Directional Survey Made No			21. Type Electric and Other Logs Run		
22. Producing Interval(s), of this completion - Top, Bottom, Name 2600-2620' - Tubb											
23. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
8-5/8"		24#		740'		12-1/4"		400 SX		N/A	
5-1/2"		5.3#FG/15.5#		2869'		7-7/8"		350 SX		N/A	
24. LINER RECORD						25. TUBING RECORD					
SIZE	TOP	BOTTOM		SACKS CEMENT		SCREEN		SIZE	DEPTH SET	PACKER SET	
26. Perforation record (interval, size, and number) 2600-2620' @ 4 SPF (84 Total Holes)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
						2600-2620'		10033g CO2 gel frac w/308 sx snd			
28. PRODUCTION											
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)						Well Status (Prod. or Shut-in) Shut - In			
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API -(Corr.)					
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold								30. Test Witnessed By			
31. List Attachments Deviation Svy. Log (1 set)											
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.											
33. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude Longitude NAD: 1927 1983											
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief											
Signature Kimberly Long			Printed Name Kimberly Long			Title Sr. Reg Analyst			Date 09/17/09		
E-mail address Kimberly.Long@oxy.com											

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico			Northwestern New Mexico	
T. Anhy			T. Ojo Alamo	T. Penn "A"
T. Salt			T. Kirtland	T. Penn. "B"
B. Salt			T. Fruitland	T. Penn. "C"
T. Yates			T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers			T. Cliff House	T. Leadville
T. Queen			T. Menefee	T. Madison
T. Grayburg			T. Point Lookout	T. Elbert
T. San Andres	1888		T. Mancos	T. McCracken
T. Glorieta	2118		T. Gallup	T. Ignacio Otzte
T. Paddock			Base Greenhorn	T. Granite
T. Blinébry			T. Dakota	
T. Tubb	2599		T. Morrison	
T. Drinkard			T. Todilto	
T. Abo		1644	T. Entrada	
T. Wolfcamp		2223	T. Wingate	
T. Penn		2582	T. Chinle	
T. Cisco (Bough C)			T. Permian	

OIL OR GAS
SANDS OR ZONES

No. 1, from to No. 3, from to
No. 2, from to No. 4, from to

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet

No. 2, from _____ to _____ feet

No. 3, from _____ to _____ feet

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology
0	740	740	redbed
740	2926	2186	sandstone/shale

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEW MEXICO OIL CONSERVATION
1220 SOUTH ST. FRANCIS DR.
SANTA FE, NM 87505

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John H. Perkins☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-21

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2.

7002 2410 0004 9278 2129

CLOS
2333-081