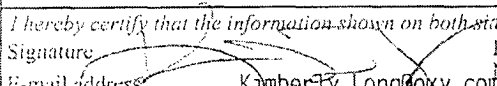


Submit to Appropriate District Office Five Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 July 17, 2008				
		1. WELL API NO.		30-059-20508						
		2. Type Of Lease		<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN						
		3. State Oil & Gas Lease No.		L06243						
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing:						5. Lease Name or Unit Agreement Name				
<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)						Bravo Dome Carbon Dioxide Gas 2233				
						6. Well Number				
						171				
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						9. OGRID Number				
OXY USA Inc.						16696				
10. Address of Operator						11. Pool name or Wildcat				
P.O. Box 4294 Houston, TX 77210-4294						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	17	22N	33E		1700	N	1700	E	Union
BH:										
13. Date Spudded		14. Date T.D. Reached		15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF & RKB, RT, GR, etc.)		
09/03/08		09/16/08		09/16/08				4980' GR		
18. Total Measured Depth of Well			19. Plug Back Measured Depth			20. Was Directional Survey Made		21. Type Electric and Other Logs Run		
2576'			2550'			No		CN/GR/CCL		
22. Producing Interval(s), of this completion - Top, Bottom, Name										
2444-2474' - 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#		675'		12-1/4"		400 SX		N/A
5-1/2"		5.5#FG/15.5#		2576'		7-7/8"		350 SX		N/A
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT		SCREEN		25. TUBING RECORD			
							SIZE		DEPTH SET	PACKER SET
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
2444-2474' @ 4 SPF (124 Total Holes)						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						2444-2474'		9484g C02 gel frac w/427 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.)						30. Test Witnessed By				
Sold										
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		Printed Name		Title		Date				
 Kimberly Long@oxy.com		Kimberly Long		Sr. Reg Analyst		09/17/09				

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. Grabburg			T. Point Lookout	T. Elbert
T. San Andres	1738		T. Mancos	T. McCracken
T. Glorieta	1949		T. Gallup	T. Ignacio Otztc
T. Paddock			Base Greenhorn	T. Granite
T. Blinbry			T. Dakota	
T. Tubb	2434		T. Morrison	
T. Drinkard			T. Todilto	
T. Abo		1420	T. Entrada	
T. Wolfcamp		2058	T. Wingate	
T. Penn		2415	T. Chinle	
T. Cisco (Bough C)			T. Permian	

OIL OR GAS
SANDS OR ZONES

No. 1, from to
No. 2, from to
No. 3, 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	675	675	redbed
675	2576	1901	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. Parker

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-21

D. Is delivery address different from item 1? ☐ Yes

If 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

7002 2410 0004 9278 206A

C105
2233-171