

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-021-20425
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other CO2 SUPPLY WELL		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No. LG 5861
3. Address of Operator P.O. Box 303, Amistad, New Mexico 88410		7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide 1831
4. Well Location Unit Letter <u>G</u> <u>1700</u> feet from the <u>N</u> line and <u>1700</u> feet from the <u>E</u> line Section <u>2</u> Township <u>18N</u> Range <u>31E</u> NMPM <u>HARDING</u> County		8. Well Number <u>021</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4443' GR		9. OGRID Number <u>16696</u>
		10. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: COMPLETED TA OPERATIONS. <input checked="" type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1) RUN AND SET BRIDGE PLUG ON WIRE LINE TO A DEPTH OF 2048', 4/7/2010. SEE ENCLOSED SKETCH

2) PRESSURE TEST 5 1/2" PRODUCTION CASING TO 520 PSI FOR 30 MINUTES. SEE ENCLOSED COPY OF CHART, ORIGINAL ON FILE WITH NMOCD. TEST WITNESS BY Mr. Ed Martin, NMOCD. 4/13/2010.

Spud Date:

9/18/2007

Rig Release Date:

9/22/2007

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

SIGNATURE _____

TITLE Engineering Advisor

DATE 05/14/2010

Type or print name Alberto Giussani

E-mail address: albert_giussani@oxy.com

PHONE: 806 894 0200

For State Use Only

APPROVED BY: _____

TITLE

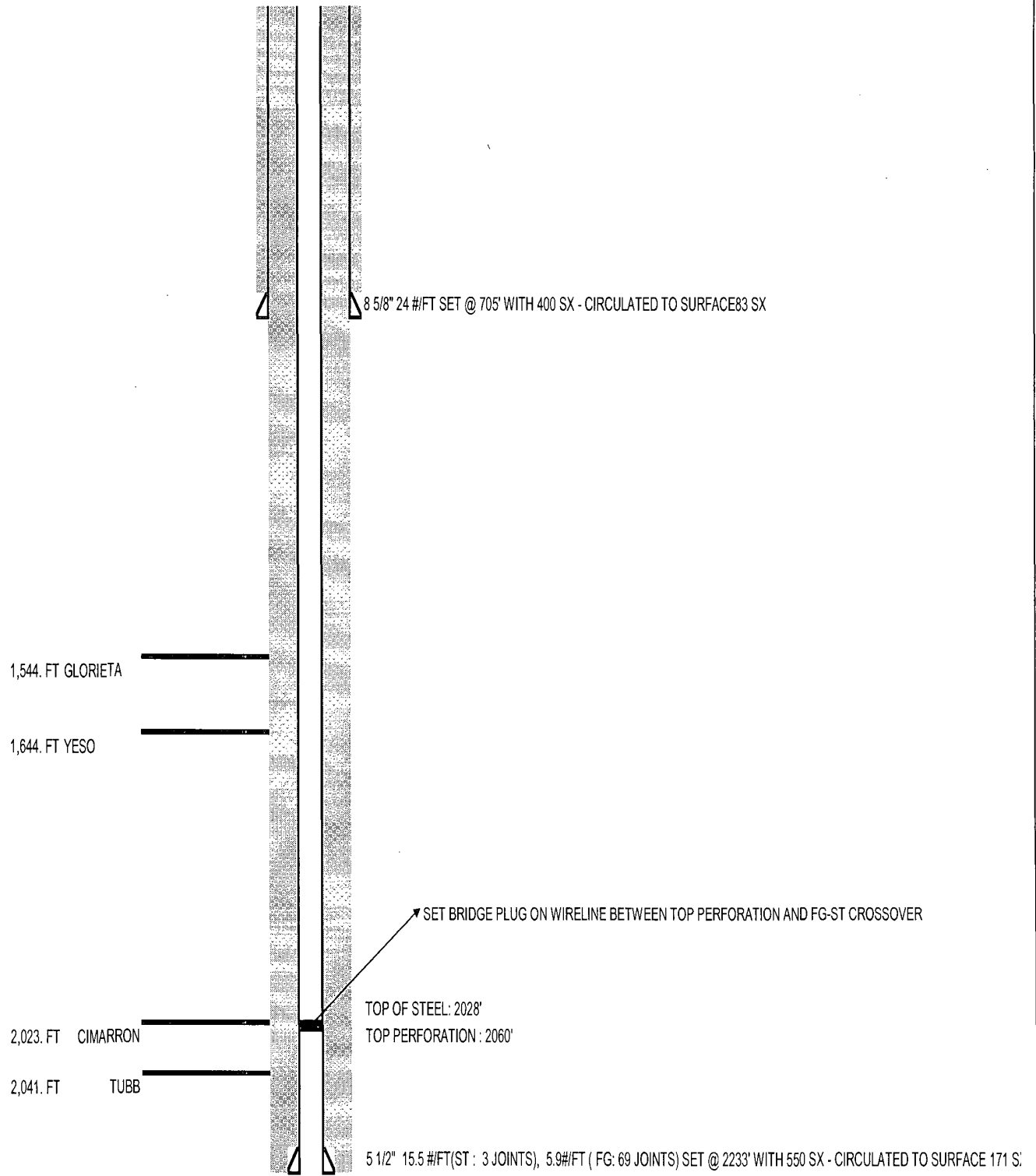
DISTRICT SUPERVISOR

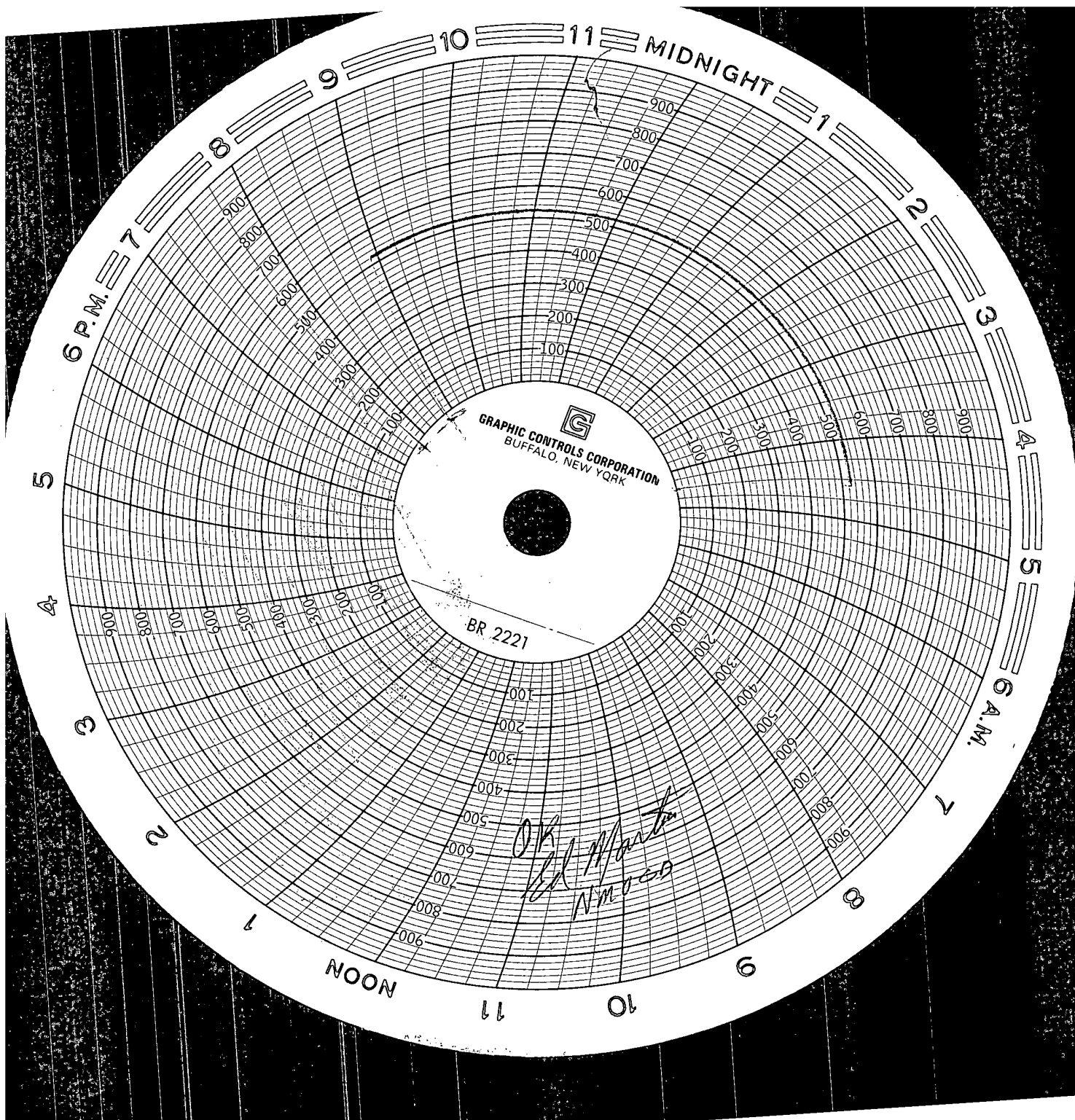
DATE

5/12/10

Conditions of Approval (if any): _____

WELL 18 31 02 1 G
API 30-021-20425





OPERATOR: OXY USA
LEASE: BD CD GAS UNIT
LSE WELL NO. 1831-0216

TIME
INITIAL
15 min.
30-MIN.

TUBING

CASING

SURF/CASING

520

520

TRUCK OPERATOR

DATE

WITNESS

4-13-10

gettelstedt / Ed Martin
NMCCD