| Submit 3 Copies | State of New Mexico | | Form ⁹ C-103 |
|---|--|-------------------|--------------------------------------|
| to Appropriate | Energy, Minerals, and Natural Resources Department | | Revised 1-1-89 |
| District Office | | | |
| | OIL CONSERVATION | WELL API NO. | |
| DISTRICT I | | | 30-021-20410 |
| P.O. Box 1980, Hobbs, NM 88240 | P.O. BOPRESEIVED OCD | | |
| <u>DISTRICT II</u> | Santa Fe, New Mexico 87504-2088 | | 5. Indicate Type of Lease |
| P.O. Drawer DD, Artesia, NM 88210 | 2011 APR 11 A 12: 43 | | STATE FEE |
| DISTRICT III | 2011 WH 11 14 12. 43 | | 6. State Oil & Gas Lease No. |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | |
| 2 | ALOTIOSO AND DEDODTO ON ME | | |
| 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" | | | 7. Lease Name or Unit Agreement Name |
| (FORM C-101) FOR SUCH PROPOSALS.) | | | |
| 1. Type of Well | | | BRAVO DOME CO2 GAS UNIT |
| | AS | | |
| | VELL OTHER | CO2 | |
| 2. Name of Operator | | | 8. Well No. |
| OXY USA Inc. | | 1832-221K | |
| | | | 9. Pool name or Wildcat |
| 3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410 | | | BRAVO DOME CO2 GAS UNIT |
| P.O. Box 303, AMISTA | AD, NEW MEXICO 88410 | | BRAVO DOME CO2 GAS UNIT 7 |
| 4. Well Location | | | |
| Unit Letter K: 1700 c Feet From The South Line and 1700 Feet From The WEST. Line | | | |
| Section 22 Township 18N Range 32E NMPM HARDING County | | | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | | | |
| , | 4578. | | |
| | | | |
| 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 REMEDIAL WORK ALTERING CASING | | | |
| | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT | | | |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB | | | |
| | | | |
| OTHER: Yearly Bradenhead Test (TA Well) | | | |
| 12. 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. | | | |
| YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME | | | |
| 2011 4/5 425 | | | |
| 2011 4/3 423 | | | |
| | | | |
| | | | |
| ant | | | |
| This approval for temporary abandonment expires | | | |
| i for temporary about | | | |
| This approval for the state of | | | |
| 11/10 5/11 4/30 | | | |
| expires | | | |
| | | - • | |
| 1 1 | | | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | 4 | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE IN A | - Cles TITLE | Well Analyst | DATE 4/6/11 |
| | - Carry - Inc | The full district | UNIT 4/0/11 |
| TYPE OR PRINT NAME: M. L. CLAY | | | TELEPHONE NO. (505) 374-3058 |
| (This space for State Use) (This space for State Use) | | | |
| (This space for State Use) APPROVED BY TITLE DISTRICT SUPERVISOR DATE 4/11/2061 | | | |
| CONDITIONS OF APPROVAL, IF ANY: | | | |
| , | ′ | | |