

Submit 3 Copies

to Appropriate

District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-021-20356

5. Indicate Type of LeaseSTATE ☐FEE ☒**6. State Oil & Gas Lease No.**

015

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.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of WellOIL
WELL ☐GAS
WELL ☐

OTHER

CO2

2. Name of Operator

OXY USA Inc.

8. Well No.

1833-052J

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well LocationUnit Letter J : 1650 Feet From The SOUTH Line and 1650 Feet From The EAST LineSection 5 Township 18N Range 33E NMPM HARDING County**10. Elevation (Show whether DF, RKB, RT, GR, etc.)**4755.8 GR**11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data****NOTICE OF INTENTION TO:**PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Yearly Bradenhead Test (TA Well) ☒**12. Describe Proposed or Completed Operations**

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME

2011 3/23 0# 5 1/2" Fiberglass Production casing -- Tubingless completion

This approval for temporary abandonment
expires 9/30/2012

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

SIGNATURE

M. L. Clay

TITLE

Well Analyst

DATE

3/28/11

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO.

(505) 374-3058

(This space for State Use)

APPROVED BY

S. L. Martin

TITLE

DISTRICT SUPERVISOR

DATE

4/21/2011

CONDITIONS OF APPROVAL, IF ANY: