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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-059-20203

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 Well

OIL WELL ☐   GAS WELL ☐   OTHER   CO2

8. Well No.
1934-361G

2. Name of Operator

OXY USA Inc.

3. Address of Operator
P.O. Box 303,   AMISTAD,   NEW MEXICO   88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location

| Unit Letter | G | : 1650 | Feet From The | NORTH | Line and | 1650 | Feet From The | EAST | Line |
| Section | 36 | | Township | 19N | Range | 34E | NMPM | UNION | County |

10. Elevation   *(Show whether DF, RKB, RT, GR, etc.)*
4680   GR

11.   **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: ☐		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	3/29	105#	No tubing in well, waiting to be P&A'd	

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 _____   TITLE   Well Analyst   DATE   3/29/11

TYPE OR PRINT NAME   M. L. CLAY   TELEPHONE NO.   (505) 374-3058

(This space for State Use)
APPROVED BY _____   TITLE   **DISTRICT SUPERVISOR**   DATE   4/21/2011
CONDITIONS OF APPROVAL, IF ANY: