Submit I Copy Office	e of New Mexico			Form C-103 October 13, 2009					
<u>District I</u> 1625 N. French	25 N. French Dr., Hobbs, NM 88240					WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONS			SERVATION DIVISION			30-021-20382			
			South St. Francis Dr.			5. Indicate Type of Lease STATE FEE			
District IV Santa			ita Fe, NM 87	a Fe, NM 87505			6. State Oil & Gas Lease No.		
1220 S. 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.) 1. Type of Well: Oil Well Gas Well Other <u>CO₂ Source</u>						7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)			
as wen blocker <u>co₂ source</u>						8. Well Number 051			
2. Name of Operator OXY USA Inc.						9. OGRID Number 16696			
3. Address of Operator P.O. Box 303, AMISTAD, NM 88410						10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA			
4. Well Location									
Sec	tion 5	Townshi		Range RKB, RT,		NMPM	HARDIN	IG County	
GL: 4532'									
12. 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. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P DOWNHOLE COMMINGLE P P P P									
OTHER:					REQUES	T FOR TEMP	ORARY A	BANDONMENT STATUS	
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.									
10/07/2012 RUN A STRING OF 2 3/8 " TUBING (72 JOINTS, OPEN ENDED , LANDED AT 2106") TO TRY TO INCREASE CRITICAL VELOCITY, WELL PERFORMANCE INDICATED A FLUID BUILD UP.									
WELL NOT CAPABLE OF PRODUCING ANY GAS, WELL HEAD VALVE OPEN, SLIGHT PUFF OF GAS BUT NO CAPABLE OF GAS PRODUCTION INTO COLLECTION SYSTEM.									
WELL HAS BEEN DISCONNECTED AT WELLHEAD AND SHUT IN. $expires_{-2014}$									
WELL HAS I	BEEN DISCONNECTE	D AT WELLHEA	D AND SHUT	IN.	ovnirae	9/3	0 /20	14	
					expires				
								7	
Spud Date:	10/07/20	12	Rig Release Da	ite:	10/0	07/2012	2		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
Thereby certify that the information above is true and complete to the best of my knowledge and benef.									
SIGNATURE			TITLE SR E	NG ADVI	ISOR		DATE	10/21/2013	
Type or print For State Use	nameAL GIUSSANI	0			-		_ PHON	IE: _806-638-1296	
	— Un	1 the		FRICT !	SUPER	VISOR	. /	in la la cara	
APPROVED BY: <u>Mathin</u> TITLE DISTRICT SUPERVISOR DATE 10/21/2013 Conditions of Approval (if any):									