

Submit 3 Copies 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
Revised March 25, 1999

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

WELL API NO. 30-059-20095
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO ₂	7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator OXY USA, Inc.	8. Well No. 1935-301G
3. Address of Operator P. O. Box 303, Amistad, NM 88410	9. Pool name or Wildcat Bravo Dome CO ₂ Gas Unit 640 Acre Area
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>30</u> Township <u>19N</u> Range <u>35E</u> NMPM Union County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4670' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- 8-1-01 - MI x RUSU, kill well, NU BOP, pull x LD 2 7/8" production tbg x pkr, ND BOP, RD x MOSU, flow well to tank overnight
8-2-01 - Turn well to sales flowing up casing
8-18-01 - MI x RU WL, kill well, run and set CIBP at 2275' on WL, RD WL, leave well SI pending frac
8-21-01 - MI x RU HES, frac well down casing with 80,380# 12/20 sand, 80 tons CO₂, 12,432 gal gel, MTP 1520psi at 28 bpm, RD x MO HES, leave well SI for 2 hours, open well to tank on 0.750" choke, flow well to tank overnight
8-23-01 - Turn well to sales flowing up casing, IP 2,100 mcf/d
8-24-01 - MI x RUSU, kill well, NU BOP, PU x run 2 7/8" production tbg x pkr, PSA 2101', TLA 2105', test csg to 500 psi, ok, ND BOP, RD x MOSU, open well to tank overnight
8-25-01 - Turn well to sales

PPWO - 645 mcf/d

PAWO - 1050 mcf/d

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

SIGNATURE D. Holcomb TITLE Team Leader DATE 9-25-2001

Type or print name Danny J. Holcomb Telephone No. 505-374-3010

(This space for State use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 10/2/01

Conditions of approval, if any: