

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.

30-059-20205

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Bravo Dome Carbon Dioxide Gas Unit  
1934

8. Well No.

261D (SWD)

9. Pool name or Wildcat

Bravo Dome CO<sub>2</sub> Gas Unit 640 Acre Area

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 SWD

2. Name of Operator

OXY USA, Inc.

3. Address of Operator

P. O. Box 303, Amistad, NM 88410

4. Well Location

Unit Letter D: 500 feet from the North line and 765 feet from the West line

Section 26

Township 19N

Range 34E

NMPM

Union

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4760' GL

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 ☐ MULTIPLE  
COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND  
ABANDONMENT ☐

CASING TEST AND  
CEMENT JOB ☐

OTHER: Mechanical Integrity Testing ☒

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.

1/22/03 - During active salt water disposal operations, casing valve was opened and no annular pressure or vacuum was found. Roy  
Johnson, NMOCD District IV Supervisor witnessed test.

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

SIGNATURE D. J. Holcomb TITLE Team Leader DATE 1-22-2003

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 1/31/03

Conditions of approval, if any: