

Print 3 Copies  
Appropriate  
District Office

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

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**STRICT I**  
O. Box 1980, Hobbs, NM 88240

**P.O. Box 2088**

**STRICT II**  
O. Drawer DD, Artesia, NM 88210

**Santa Fe, New Mexico 87504-2088**

**STRICT III**  
00 Rio Brazos Rd., Aztec, NM 87410

**WELL API NO.**  
30-021-20071

**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

**Type of Well**  
OIL WELL  GAS WELL  OTHER CO2

**8. Well No.**  
1931-191J

**Name of Operator**  
OXY USA Inc.

**9. Pool name or Wildcat**  
BRAVO DOME CO2 GAS UNIT

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

**Well Location**  
Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
Section 19 Township 19N Range 31E NMPM HARDING County

**10. Elevation (Show whether DF, RKB, RT, GR, etc.)**  
4586.3 GR

**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   
TEMPORARILY ABANDON  CHANGE PLANS   
WELL OR ALTER CASING   
OTHER:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER: Yearly Bradenhead Test (TA Well)

**2. 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
1990	6/27	520#	0	
1991	6/17	525#	0	
1992	6/16	510#	0	
1993	5/26	510#	0	
1994	6/2	510#	0	
1995	6/28	510#	0	
1996	5/24	510#	0	
1997	5/21	510#	0	
1998	9/3	505#	0	
1999	6/22	510#	0	
2000	8/10	505#	0	
2001	1/8	505#	0	
2002	6/18	505#	0	

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 6/20/02  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 6/27/02

CONDITIONS OF APPROVAL, IF ANY: