

Submit 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
STRICT II
O. Drawer DD, Artesia, NM 88210
STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-021-20083

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.)

Type of Well
OIL WELL GAS WELL OTHER CO2

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

Name of Operator
OXY USA, Inc.

8. Well No.
1930-091J

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

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 9 Township 19N Range 30E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4527 GR

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
DRILL OR ALTER CASING
OTHER:

SUBSEQUENT REPORT OF:

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	585#	0	
1991	6/19	585#	0	
1992	6/16	570#	0	
1993	5/26	570#	0	
1994	6/2	565#	0	
1995	6/28	565#	0	
1996	5/23	565#	0	
1997	4/15	565#	0	
1998	7/22	565#	0	
1999	6/22	560#	0	
2000	8/1	570#	0	
2001	1/8	565#	0	
2002	6/18	565#	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
NAME 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: