

Submit 3 Copies
to Appropriate
District Office

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

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.
30-021-20083

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease
STATE FEE

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

1. Type of Well
OIL WELL GAS WELL OTHER CO2

BRAVO DOME CO2 GAS UNIT

2. Name of Operator
OXY USA, Inc.

8. Well No.
1930-091J

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

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. 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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Early Brockenhead Test (TA Well)</u> <input checked="" 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.

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	

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

SIGNATURE M. F. Clay TITLE Well Analyst DATE 3/8/01

TYPE OR PRINT NAME M. F. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3/16/2001

CONDITIONS OF APPROVAL IF ANY: