

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

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20093

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

1. Type of Well

OIL GAS WELL OTHER CO2

2. Name of Operator

OXY USA Inc.

8. Well No.

1932-271J

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 27 Township 19N Range 32E NMPM HARDING County

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

4685.0 GR

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
OTHER:

SUBSEQUENT REPORT OF:

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

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	6/22	420#	0	
1991	6/11	425#	0	
1992	6/11	415#	0	
1993	5/27	415#	0	
1994	5/27	415#	0	
1995				
1996	5/4	415#	0	
1997	8/21	415#	0	
1998	9/3	410#	0	
1999	6/24	415#	0	
2000	9/6	415#	0	
2001	1/5	410#	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 3/8/01

TYPE OR PRINT NAME M. L. 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: