

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.                                       | 30-021-20124                                                           |
| 5. Indicate Type of Lease                          | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                       |                                                                        |
| 7. Lease Name or Unit Agreement Name               |                                                                        |
| West Bravo Dome CDG Unit                           |                                                                        |
| 8. Well No.                                        | 7                                                                      |
| 9. Pool name or Wildcat                            | West Bravo Dome                                                        |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |                                                                        |
| 4685'                                              |                                                                        |

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2 Supply |
| 2. Name of Operator    | OXY USA Inc.                                                                         |
| 3. Address of Operator | P.O. Box 50250 Midland, TX. 79710                                                    |
| 4. Well Location       | Unit Letter H : 1650 Feet From The North Line and 900 Feet From The East Line        |
| Section 16             | Township 19N Range 29E NMPM Harding County                                           |

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: Yearly Bradenhead Test (SI Well) <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.

| WBDCDGU #7 - TD-2400' PBTD-2350' PERFS-2053-2149' |       |         |         |                 |
|---------------------------------------------------|-------|---------|---------|-----------------|
| YEAR                                              | DATE  | TBG PSI | CSG PSI | BLEED DOWN TIME |
| 1990                                              | 11/27 | 500     | 0       |                 |
| 1991                                              |       |         |         |                 |
| 1992                                              |       |         |         |                 |
| 1993                                              |       |         |         |                 |
| 1994                                              |       |         |         |                 |
| 1995                                              |       |         |         |                 |
| 1996                                              |       |         |         |                 |
| 1997                                              |       |         |         |                 |
| 1998                                              |       |         |         |                 |
| 1999                                              |       |         |         |                 |
| 2000                                              |       |         |         |                 |

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

SIGNATURE Rebecca A. Egg TITLE Senior Engineer DATE 5/17/91  
(Prepared by David Stewart) TELEPHONE NO. 915-685-560

TYPE OR PRINT NAME Rebecca A. Egg

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 5-20-91

CONDITIONS OF APPROVAL, IF ANY

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
TEMPORARY ABANDONMENT STATUS EXPIRES 11-27-91

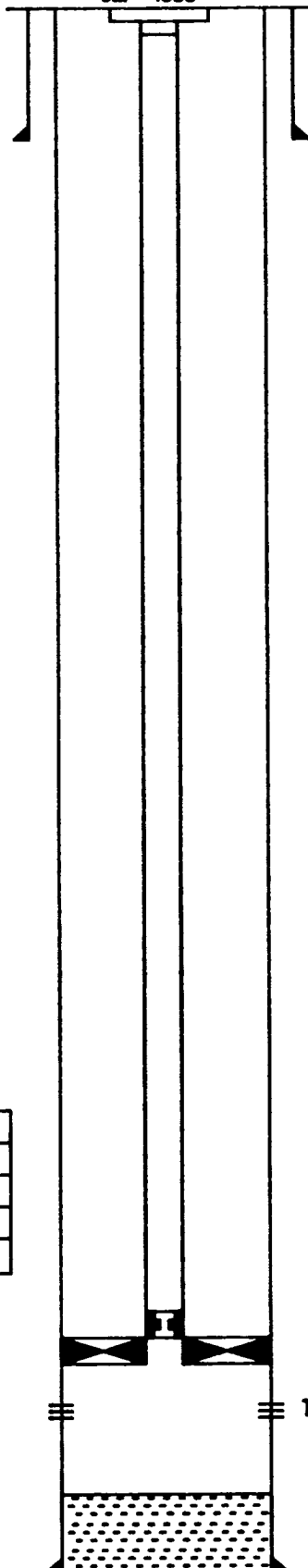
WEST BRAVO DOME CARBON DIOXIDE UNIT #7  
1650' FNL & 990' FEL SEC 16 T19N R29E

ELEVATION KB: 4695'  
GL: 4685'

8 5/8" SURFACE CASING @ 600'  
CMTD W/ 500 SX CMT. CIRC.

|                                |                |
|--------------------------------|----------------|
| 1 - 2 3/8" SN                  | 1.10           |
| 1 - 2 3/8" X 5 1/2 GUTB UNI VI | 6.00           |
| 59 - JTS 2 3/8" 4.7# J55 TBG   | 1981.49        |
| <b>TOTAL</b>                   | <b>1988.59</b> |
| <b>KB</b>                      | <b>10.00</b>   |
| <b>SET AT</b>                  | <b>1998.59</b> |

|        | SURFACE | PRODUCTION | TUBING  |
|--------|---------|------------|---------|
| SIZE   | 8 5/8"  | 5 1/2"     | 2 3/8"  |
| WEIGHT | 24 #    | 14 #       | 4.7 #   |
| GRADE  | K-55    | K-55       | J-55    |
| THREAD | ST&C    | ST&C       | 8rd EUE |
| DEPTH  | 600'    | 2400'      | 1988'   |



5 1/2" PACKER @ 1999'

TUBB PERFS (2053'- 2149')

PREPRD BY: JOE M. FLEMING  
DATE : MAY 15, 1991

PBTD @ 2100'  
5 1/2" CS6 @ 2400' CMTD W/ 700 SX  
TD @ 2400' CMT CIRC