

Submit 3 Copies
to Appropriate
District Office

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

District II
P.O. Box 1980, Hobbs, NM 88240

District III
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.	30 - 021 - 20191
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	L5852
7. Lease Name or Unit agreement Name	WEST BRAVO DOME CDG UNIT
8. Well No.	17
9. Pool name or Wildcat	WEST BRAVO DOME

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 ☐ GAS WELL ☐ 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 <u>G</u> : <u>1,786</u> Feet From The <u>NORTH</u> Line and <u>2,364</u> Feet From The <u>EAST</u> Line Section <u>33</u> Township <u>19 N</u> Range <u>29 E</u> NMPM <u>HARDING</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5,395	

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: CASING INTEGRITY TEST ☒

12. Describe Proposed or Complete Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.

TD - 2990' PBDT - 2990' PERFS - 2812'-2866'

MIRU PU, POOH W/ TBG, REPLACE 2 JTS TBG & 3 COLLARS. RIH W/ TBG, CIRC W/ PKR FLUID, LATCH INTO PACKER @ 2695', TEST CSG TO 550#, HELD OK. RDPU, SIW.

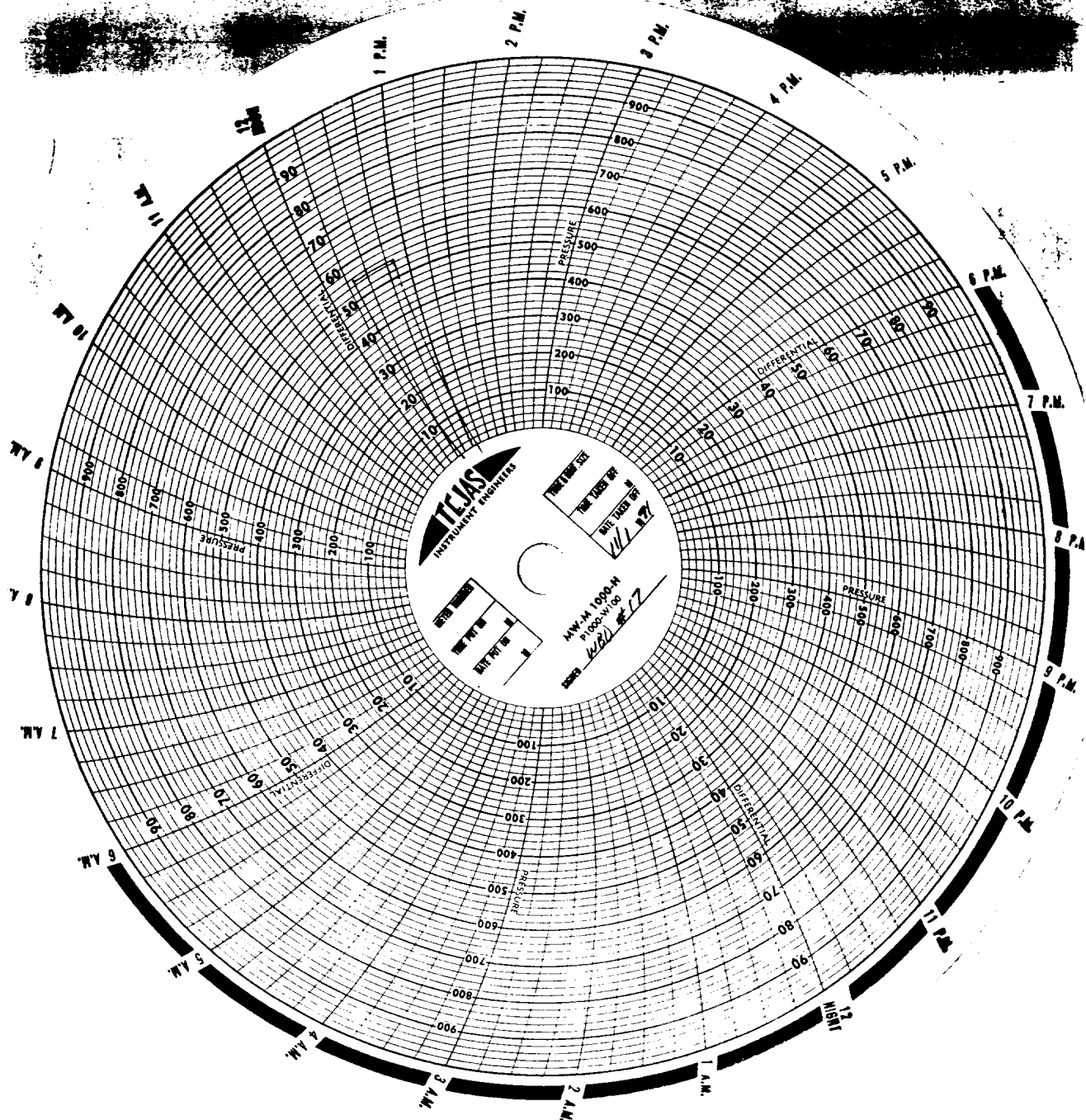
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Production Accountant DATE 11 26 91
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Ry E Johnson TITLE DISTRICT SUPERVISOR DATE 12-9-91
CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 11-1-92



West Bros Dome
Lab #33, 719 N. Range
State Inspection Building Pressure Obs.
Flowing Co. New Mexico
Pressure to 560 lbs for 30 min.