

Submit 3 Copies
Appropriate
District Office

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

Form C-103
Revised 1-1-89

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

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

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
30-021-20221

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
BRAVO DOME CO2 GAS UNIT

8. Well No.
2132-211K

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

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

Name of Operator
OXY USA Inc.

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

Well Location
Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line
Section 21 Township 21N Range 32E NMMP HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4780 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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	9/27	335#	1#	
1991	9/20	325#	0	
1992	9/16	325#	0	
1993	6/7	325#	0	
1994	6/17	325#	0	
1995				
1996	6/6	315#	0	
1997	4/14	315#	0	
1998	6/11	315#	0	
1999	6/16	320#	0	
2000	7/13	320#	0	
2001	1/11	320#	0	
2002	6/19	320#	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

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

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 6/27/02

CONDITIONS OF APPROVAL, IF ANY: