Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-059-20187

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 Carbon Dioxide Gas Unit 1835

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other CO_2

2. Name of Operator
OXY USA, Inc.

8. Well No.
061G

3. Address of Operator
P. O. Box 303, Amistad, NM 88410

9. Pool name or Wildcat
Bravo Dome CO_2 Gas Unit 640 Acre Area

4. Well Location
Unit Letter G : 1650 feet from the North line and 1650 feet from the East line

Section 6 Township 18N Range 35E NMPM Union County

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
4680' GL

11. 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	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:			☒	OTHER:			☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Request NMOCD approval to pull fiberglass tubing and flow well up steel casing as part of a pilot program to evaluate flowing "dry" CO2 wells up steel casing for extended periods of time. We, therefore, request an exception to the tubing setting requirements as contained in Division Rule 107 (d) (3) for this well. We plan to perform this work as follows:

MI x RUSU, pressure test backside to 500#, bleed off backside, kill well, NU BOP, unset packer, pull and lay down 3 ½" fiberglass tubing, packer and tail joint, install 6" valve on top of tubing head, drop soap sticks, RD x MOSU, flow well to tank for 4 hours to recover load water, turn well to sales. MI x RU WL, run 30 arm caliper log to inspect casing ID.

Per NMOCD requirements, perform casing MITs every 6 months to insure casing integrity during pilot program. Run additional 30 arm caliper logs at various intervals during pilot program.

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

SIGNATURE D Holcomb TITLE Team Leader DATE 11-19-2001

Type or print name Danny J. Holcomb Telephone No. 505-374-3010

(This space for State use)

APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 11/29/2001

Conditions of approval, if any: