

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO. <b>30-059-20205</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT
8. Well Number 261D (SWD)
9. OGRID Number 16696
10. Pool name or Wildcat SWD; SAN ANDRES (96011)

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: SWD	
2. Name of Operator OXY USA Inc.	
3. Address of Operator P.O. Box 303, AMISTAD, NM 88410	
4. Well Location Unit Letter <u>D</u> : <u>500</u> feet from the <u>NORTH</u> line and <u>766</u> feet from the <u>WEST</u> line Section <u>26</u> Township <u>19N</u> Range <u>34E</u> NMPM UNION County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4760' GL	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

WELL DURING NORMAL OPERATION, LOST THE MAJORITY OF ITS INJECTIVITY ON 12/02/2014

PROPOSED WORK:

RIG UP ON WELL, INSTALL BOP.  
PULL INJECTION STRING, 2 3/8" FIBERGLASS AND PACKER, CURRENTLY SET @ 1551'.  
MOVE IN COIL TUBING UNIT, CLEAN OUT FILL FROM 1580' TO 1700', SPOT 500 GALS OF 15% HCl ACID  
SHUT DOWN OVERNIGHT  
RUN INSPECTED 2 3/8" FG TUBING AND PACKER, SET @ APPROXIMATELY 1545', RIG DOWN  
FILL BACK SIDE WITH FRESH WATER AND CORROSION INHIBITOR, INSTALL WELLHEAD  
RUN A MIT (650 PSI FOR 30 MINUTES BASED ON LAST MIT, 4/2012). *Call 24 Hours PRIOR*  
IF SATISFACTORY PUT WELL BACK ON INJECTION. *AND Send MIT Chart To SANTA FE OGD*

Spud Date:

Estimated 12/22/2014

Rig Release Date:

12/24/2014

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

SIGNATURE Albert Giussani TITLE Senior Engineering Advisor DATE 12/15/2014

Type or print name Al Giussani E-mail address: albert\_giussani@oxy.com PHONE: 806 638 1296

For State Use Only

APPROVED BY: Will Jones TITLE DISTRICT IV SUPERVISOR DATE 12-18-14