

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.**

30-021-20483

**5. Indicate Type of Lease**

STATE ☒

FEE ☐

**6. State Oil & Gas Lease No.**

**7. Lease Name or Unit Agreement Name**

BRAVO DOME CO<sub>2</sub> GAS UNIT

**8. Well No.**

1930-281G

**9. Pool name or Wildcat**

BRAVO DOME CO<sub>2</sub> GAS UNIT 160

**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

CO<sub>2</sub> PRODUCER

**2. Name of Operator**

OXY USA Inc.

**3. Address of Operator**

P.O. Box 303, AMISTAD, NEW MEXICO 88410

**4. Well Location**

Unit Letter G : 1700 Feet From The North Line and 1700 Feet From The East Line  
Section 28 Township 19N Range 30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4448.6' GR

**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: Yearly Braudhead Test (TA Well) ☒

**12. Describe Proposed or Completed Operations**

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2011	4/5	555#		
2011	9/14	545#		
2012	9/10	555#		
2013	8/28	550#		
2014	8/20	570#		
2015	9/15	570#		
2016	8/23	565#		
2017	8/3	542#		
2018	9/13	540#		

NO TUBING - 5 1/2" FG

TA until 9/13/19

I hereby certify

is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

SR ENG ADVISOR

DATE

9/24/2018

TYPE OR PRINT NAME

AL GIUSSANI

TELEPHONE NO.

(806) 894 0200

(This space for State Use)

APPROVED BY

TITLE

Engineer

DATE

9/24/18

CONDITIONS OF APPROVAL, IF ANY: