

Submit 1 Copy 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

Form C-103
October 13, 2009

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

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.)		WELL API NO. 30-021-05071
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO₂ PRODUCING WELL		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 303, AMISTAD, NM 88410		7. Lease Name or Unit Agreement Name WEST BRAVO DOME UNIT (319259)
4. Well Location Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line Section 08 Township 19N Range 30E NMPM HARDING County		8. Well Number 081
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 4547'		9. OGRID Number 16696
		10. Pool name or Wildcat WEST BRAVO DOME CARBON DIOXIDE GAS (96387)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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"/>			
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.

REQUEST TO TA THE WELL BY SETTING PLUG IN ON/OFF TOOL IN THE EXISTING PACKER, TESTING THE TUBING - CASING ANNULUS TO 500 PSI FOR 30 MINUTES AND MONITOR TUBING AND CASING PRESSURE THEREAFTER REPORT PRESSURE ON AN ANNUAL BASIS, RUN MIT TEST ON CASING AS REQUIRED.

Spud Date: **10/11/1945** Rig Release Date:

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

SIGNATURE **AL GIUSSANI** TITLE: **SR ENG ADVISOR** DATE **10/09/2018**

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: **Engineer** DATE **10/10/18**
Conditions of Approval (if any):

FIELD: WEST BRAVO DOME UNIT
WELL: 19 30 08 1 M
API: 30-021-05071

WELL 19 30 08 1 M
API 30-021-05071

