

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.**

30-021-20517

**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.**

1832-191G

**9. Pool name or Wildcat**

BRAVO DOME CO<sub>2</sub> GAS UNIT 640

**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 : 1985 Feet From The NORTH Line and 1978 Feet From The EAST Line  
Section 19 Township 18N Range 32E NMPM HARDING County

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

4541.2' 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 Bradenhead Test (TA Well)

**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.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2012	9/10	455#		
2013	8/28	220#		
2014	8/20	350#		
2015	9/9	435#		
2016	8/23	425#		
2017	9/10	435#		
2018	9/24	410#		
2019	9/15	440#		

Extending TA Approval to 9/30/2020

NO TUBING - 5 1/2" FG

I hereby certify \_\_\_\_\_ is true and complete to the best of my knowledge and belief.

SIGNATURE AL GIUSSANI 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 Dean McClure TITLE Petroleum Specialist DATE 9/25/2019

CONDITIONS OF APPROVAL, IF ANY: