

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**WELL API NO.**

**30-059-20490**

**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.**

2332-111G

**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 : 1695 Feet From The NORTH Line and 1839 Feet From The EAST Line  
Section 11 Township 23N Range 32E NMPM UNION County

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

5307' 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
2011	3/24	290#		
2011	10/18	290#		
2012	8/28	290#		
2013	8/29	510#		
2014	9/11	0#		
2015	9/15	0#		
2016	9/15	0#		
2017	8/17	0#		
2018	9/12	0#		
2019	9/15	0#		

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 9/24/2019

TYPE OR PRINT NAME AL GIUSSANI TELEPHONE NO. (806)894 0200

(This space for State Use)

APPROVED BY Dean McClure *Dean A McClure* TITLE Petroleum Specialist DATE 9/25/2019

CONDITIONS OF APPROVAL, IF ANY: