Submit 3 Copies		State of New N	Mexico			Form	C-103		
to Appropriate	Energy, Minerals, and Natural Resources Department				Revised 1-1-89				
District Office	,				-				
<u>DISTRICT I</u>	OIL CONSERVATION DIVISION				WELL API NO.				
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088				30-021-20426				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease  STATE FEE X				
					6. State Oil & Gas Lease No.				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	<b>\$10</b>				6. State Oil &	Gas Lease N	0.		
SUI	NDRY NOTICES AND RI	EPORTS ON V	VELLS						
(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.)					7. Lease Name or Unit Agreement Name				
1. Type of Well	(FORM C-101) FOR 30CH FF	HOPOSALS.)			BBAVO DO	OME CO2 GAS	2 LIMIT		
OIL OIL	GAS				BHAVOR	DIVIL COZ GA	ONII		
WELL	WELL	OTHER	CO2						
2. Name of Operator					8. Well No.				
OXY USA Inc.					1	831-111G			
3. Address of Operator					9. Pool name o	r Wildcat			
P.O. Box 303, A	MISTAD, NEW MEXICO	88410		· · · · · · · · · · · · · · · · · · ·	BRAVO DO	OME CO2 GAS	SUNIT		
4. Well Location									
Unit Letter G	: 1700 Feet From	The NORTH	Line and	1700	Feet Fro	om TheE	AST	_Line	
Section 11	Township	18N	Range 31E	NMF	PM <u>H</u>	ARDING	Соц	inty	
	10. E		hether DF, RKB, RT, GR, etc.,	)					
		444				275.27	<u> </u>		
11.	Check Appropriate B	ox to Indicate	e Nature of Notice	ce, Repor	rt, or Other I	Data			
NOTIC	E OF INTENTION TO:			SUBSE	EQUENT REF	PORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON 🔲	REMEDIAL WORK	K		ALTERING (	CASING		
·	<del>_</del>				H			는	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII	LLING OPNS.		PLUG AND	ABANDONN	IENI	
PULL OR ALTER CASING			CASING TEST AN	ND CEMENT	JOB				
OTHER:			OTHER: Yearly E	Bradenhead Te	st (TA Well)			_ x	
12. Describe Proposed or Completed SEE RULE 1103.	Operations (Clearly st	tate all pertinent det	ails, and give pertinent dat	es, including	estimated date of s	tarting any prop	osed work)		
YEAR MONTH/I	DAY TBG. PRESS.	CSG. PF	RESS. BLEED	DOWNT	IME				
2011 3/23	130#		Blowed do	own in 10	seconds			:	
	5 1/2" Fiberglass Production casing 125# Blowed down in 1				Tubingless completion				
2011 9/14	125#		Blowed de	own in 15	seconds			ŀ	
			This approv	inat.	porary abanda	uwau[3]	RECEIVED		
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			This applov	9		<b></b>	0		
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			exb <sub>110</sub>			155	<u></u>		
						البيا			
						CO			
I hereby certify that the informatio	n ahove is true and complete to the	ne hest of my knowl	edge and belief						
SIGNATURE	f Clar	TITLE	Well Analyst		D,	ATE9/14/1	1		
TYPE OR PRINT NAME M. L.	CLAY	,			TE	ELEPHONE NO.	(505) 374-	3058	
(This space for State Use)	10201-1		nicthiat a	IIDEDI	/ICAB	. /	• /		
APPROVED BY	d ///artin	TITLE	<u>DISTRICT S</u>	UPEK	NIOUK D	ATE ///	8/20	<i>l</i>	
CONDITIONS OF APPROVAL, IF ANY	: - /				•	•	-		