

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

WELL API NO. 3005920116	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)	
8. Well Number 221	
9. OGRID Number 16696	
10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO₂ SOURCE WELL	
2. Name of Operator OXY USA Inc.	
3. Address of Operator PO Box 303, AMISTAD, NEW MEXICO 88410	
4. Well Location Unit Letter G : 1730 feet from the NORTH line and 1700 feet from the EAST line Section 22 Township 19 N Range 35 E NMPM County UNION	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 4580'	

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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" 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.

TESTED CASE 500PSI (HELD OK)
PLUG#1 30 SKS 1900FT TO 1610FT TAG @ 1774FT
PLUG#2 40 SKS 1743FT TO 1233FT TAG @ 1243FT
PLUG#3 50 SKS 1231FT TO 586FT TAG @ 695FT
PLUG#4 50 SKS 685FT TO 40 FT
PLUG #5 19SKS 40FT TO SURFACE

Premium Plus
2 1/2 CaCl
25 lbm Poly E Flake
@ 14.8 lb/gal - 1.34 ft³/sx

Spud Date: **9/13/2012** Rig Release Date: **9/13/2012.**

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

SIGNATURE [Signature] TITLE Service Supervisor I DATE 9/13/12
Type or print name A Giussani E-mail address: albert_giussani@oxy.com PHONE: 806 638 1296
For State Use Only

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/12/2012
Conditions of Approval (if any):