

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-059-20550
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <input checked="" type="checkbox"/>
7. Lease Name or Unit Agreement Name Bravo Dome 2332
8. Well Number 361Q
9. OGRID Number 16696
10. Pool name or Wildcat Bravo Dome 640
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5124

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 **CO2**

2. Name of Operator
Oxy USA Inc.

3. Address of Operator
P.O. Box 4294 Houston TX 77210

4. Well Location
Unit Letter **G**: **1700** feet from the **N** line and **1700** feet from the **E** line
Section **36** Township **23N** Range **33E** NMPM County **Union**

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 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" 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.

Oxy is requesting a extension of time in which to commence drilling this well until September 12, 2015.

Spud Date:

Rig Release Date:

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

SIGNATURE *L Lockett* TITLE *Reg. Anal.* DATE *8/7/13*

Type or print name *Kiki Lockett* E-mail address: *Kiki-Lockett@oxy.com* PHONE: *713-215-7643*

APPROVED BY: *Ed Martin* TITLE **DISTRICT SUPERVISOR** DATE *8/12/2013*

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, 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 & Natural Resources

Form C-101
June 16, 2008

Oil Conservation Division
1220 S. St. Francis Dr.
Santa Fe, NM 87505

Submit to appropriate District Office

AMENDED REPORT

**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN,
PLUGBACK, OR ADD A ZONE**

¹ Operator Name and Address OXY USA INC PO BOX 4294, HOUSTON, TX 77210-4294		² OGRID Number 16696
		³ API Number 30- 059- 20550
⁴ Property Code 27111	⁵ Property Name BRAVO DOME CARBON DIOXIDE GAS UNIT 2332	⁶ Well No. 361
⁹ Proposed Pool 1 BRAVO DOME CARBON DIOXIDE GAS 640		¹⁰ Proposed Pool 2

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	36	23 N	33 E		1700'	NORTH	1700'	EAST	UNION

⁸ Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County

Additional Well Location

¹¹ Work Type Code N	¹² Well Type Code C	¹³ Cable/Rotary R	¹⁴ Lease Type Code P	¹⁵ Ground Level Elevation 5124.2
¹⁶ Multiple NO	¹⁷ Proposed Depth 2600	¹⁸ Formation TUBB	¹⁹ Contractor N/A	²⁰ Spud Date

²¹ Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weigh/foot	Setting Depth	Sacks of Cement	Estimated TOC
12 1/4	8 5/8	24#	750'	400sx	SURFACE
7 7/8	5 1/2	5.4# 15.5#	2400' 2550'	500sx	SURFACE

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

SEE ATTACHMENT

COPY

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature: <i>L. Lockett</i>		Approved by: <i>El Martin</i>	
Printed name: L. KIKI LOCKETT		Title: DISTRICT SUPERVISOR	
Title: REGULATORY ANALYST		Approval Date: <i>9/12/2011</i>	Expiration Date: <i>9/12/2013</i>
E-mail Address: KIKI LOCKETT@OXY.COM			
Date: 08/19/2011	Phone: 713-215-7643	Conditions of Approval Attached <input type="checkbox"/>	