

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

RECEIVED 000  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

2014 OCT -1 P 2: 52

WELL API NO.  
30-021-20390

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

**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.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of Well  
OIL WELL  GAS WELL  OTHER CO2

8. Well No.  
1832-201G

2. Name of Operator  
OXY USA Inc.

9. Pool name or Wildcat  
BRAVO DOME CO2 GAS UNIT

3. Address of Operator  
P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location  
Unit Letter G : 1700 Feet From The NORTH Line and 1700 Feet From The EAST Line  
Section 20 Township 18N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4521.1 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	3/23	430#	5 1/2" Fiberglass Production casing -- Tubingless completion	
2011	10/25	415#		
2012	9/10	430#		
2013	8/28	430#		
2014	8/20	450#		

This approval for temporary abandonment  
expires 10/31/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE M. L. Clay TITLE Well Analyst DATE 9/16/2014  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)  
APPROVED BY Will Jones TITLE DISTRICT SUPERVISOR DATE 10/23/14  
CONDITIONS OF APPROVAL, IF ANY: