

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

2014 OCT -1 P 2:50

WELL API NO.
30-021-20397

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.
1932-101G

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

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 303, AMISTAD, NEW MEXICO 88410

4. Well Location
Unit Letter G : 1699 Feet From The NORTH Line and 1699 Feet From The EAST Line
Section 10 Township 19N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4681.4 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
2009	2/20	400#	0#	
2011	3/22	405#	0#	
2011	9/14	400#	0#	
2012	Could not open Tulsa Valve			
2013	9/4	315#		
2014	8/20	295#		

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 9/16/14
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

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