

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 August 1, 2011

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

WELL API NO. 30-059-20553
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
8. Well Number 321
9. OGRID Number 16696
10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS 640
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4894.3'

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 CO <sub>2</sub> PRODUCER	
2. Name of Operator OXY USA Inc.	
3. Address of Operator PO BOX 4294, HOUSTON, TEXAS 77210-4294	
4. Well Location (SURFACE) Unit Letter A: 1212 feet from the NORTH line and 960 feet from the EAST line Section 32 Township 22 N Range 32 E NMPM UNION County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4894.3'	

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 checked="" 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"/>			
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.

TEST ANCHORS - RESET IF NEEDED  
DISCONNECT WELLHEAD FROM COLLECTION SYSTEM  
MOVE IN AND RIG UP SERVICE UNIT, INSTALL BOP  
UNSEAT PACKER (BAKER MODEL L-10) SET @ 2395'  
KILL WELL WITH 2 % KCL WATER. PULL OUT OF THE HOLE WITH 74 JOINTS OF 3 1/2" PLASTIC COATED TUBING  
RUN IN WITH COMPOSITE BRIDGE PLUG, SET @ 2450'  
CIRCULATE WITH FW + CORROSION INHIBITOR, PRESSURE UP TO 300 PSI AND TEST FOR 30 MINUTES  
RECORD PRESSURE EVERY 5 MINUTES AND ON CHART RECORDER.  
RIG DOWN BOP, MOVE SERVICE UNIT OUT  
REBUILT WELLHEAD, SET PRESSURE CONNECTION TO MONITOR CASING PRESSURE

EXPECTED  
Spud Date:  
WORKOVER

5/18/2015

Rig Release Date:

5/20/2015

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

SIGNATURE Albert Giussani TITLE Senior Engineering Advisor DATE 5/13/2015

Type or print name Al Giussani E-mail address: albert.giussani@oxy.com PHONE: 806-638-1296

For State Use Only

APPROVED BY: Will Jones TITLE DISTRICT IV SUPERVISOR DATE 5/14/15

Conditions of Approval (if any):