

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. 30-059-20205
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 261D (SWD)
9. OGRID Number 16696
10. Pool name or Wildcat SWD; SAN ANDRES (96011)

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: SWD	
2. Name of Operator OXY USA Inc.	
3. Address of Operator P.O. Box 303, AMISTAD, NM 88410	
4. Well Location Unit Letter <u>D</u> : <u>500</u> feet from the <u>NORTH</u> line and <u>766</u> feet from the <u>WEST</u> line Section <u>26</u> Township <u>19N</u> Range <u>34E</u> NMPM UNION County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4760' GL	

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 checked="" 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 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.

12/29 Move in rig, have orientation and safety meeting with crew, RU and pull 51 jts 2 3/8 FG tbg and 4 1/2" Uni VI packer, and Shut down
12/30 Have safety meeting and JSA, raise floor and move tongs, RU CTU and go to 1707' blow sand out well, RD CTU, Install new Halliburton G-6 4 1/2" packer, start running new 2 3/8 FG tbg, get 35 jts ran, shut down for night.
12/31 Finish running tbg, set packer @ 1508, nipple up well head, load back side, (could not test due to frozen pump) rig down service unit and release crew.
1/7/2015 Run preliminary MIT on well. Pressure up annulus and watched pressure with gauge only.
a) Pressure up to 350 psi, pressure at end of 30 minutes: 348 psi
b) Pressure up to 640 psi pressure end of 30 minutes 640 psi
2/4/2015 Run MIT with chart recorder, NMOCD area supervisor, Mr. William Jones, on location. Pressure up well to 600 psi, held pressure for 40 minutes. Acid Job has been postponed.

Spud Date:

12/29/2014

Rig Release Date:

12/31/2014

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 05/28/2015

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 DIST IV SUPERVISOR DATE 6-4-15

Conditions of Approval (if any)

