

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**

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

**WELL API NO.**  
30-021-20139

**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.**  
2031-241F

**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 F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 24 Township 20N Range 31E NMPM HARDING County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
4702 GR

**11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Yearly Bradenhead Test (TA Well)</u> <input checked="" type="checkbox"/>	

**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
1996	6/3	0	0	
1997	7/8	0	0	
1998	8/27	0	0	
1999	6/22	0	0	
2000	8/10	0	0	
2001	1/10	0	0	
2002	6/19	0	0	
2003	8/12	0	0	
2004	7/13	0	0	
2005	8/10	0	0	
2006	7/26	0	0	
2007	11/13	0	0	
2009	1/22	0	0	
2010	9/14	0	0	
2011	10/5	0	0	
2012	10/12	0	0	
2013	8/28	0	0	
2014	8/27	0	0	
2015	9/14	0	0	

TA UNTIL 9/30/16

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 9/22/15  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)  
APPROVED BY [Signature] TITLE DIST IV DATE 2/17/16  
CONDITIONS OF APPROVAL, IF ANY: