

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

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.
30-059-20490

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease
STATE FEE

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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.
2332-111G

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 : 1695 Feet From The NORTH Line and 1839 Feet From The EAST Line
Section 11 Township 23N Range 32E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5307 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	3/24	290#	5 1/2" Fiberglass Production casing -- Tubingless completion	
2011	10/18	290#		
2012	8/28	290#		
2013	8/29	510#		
2014	9/11	0#		
2015	9/15	0#		
2015	9/15	0#		

TA UNTIL 9/30/17

need completion C-103 w/spaces/dates (perf/trail/test)

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

SIGNATURE _____ TITLE Well Analyst DATE 9/20/2016

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

(This space for State Use)
APPROVED BY *[Signature]* TITLE *ASCTD Super.* DATE *9/26/16*

CONDITIONS OF APPROVAL, IF ANY: