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.
30-021-20533

5. Indicate Type of Lease
STATE [ ] FEE [X]

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
GAS WELL [ ] OIL WELL [ ] OTHER CO_2

2. Name of Operator
OXY USA Inc.

8. Well No.
2130-30E

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location
Unit Letter E : 1688 Feet From The NORTH Line and 940 Feet From The FWL Line

Section 30 Township 21N Range 30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5339.2 FT GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			OTHER Yearly Bradenhead Test (TA Well)			[X]

12. Describe Proposed or Completed Operations SEE RULE 1103.
(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2016	9/15	5 #		

No Logs in File
REGISTER - N/Dens.

TA until 10/31/17

Packer AS1x - 7.0" set @ 2616.5'

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

SIGNATURE [signature] TITLE ENGINEERING ADVISOR DATE 10/12/2016

TYPE OR PRINT NAME Al Giussani TELEPHONE NO 806 638 1296

(This space for State Use)

APPROVED BY [signature] TITLE DOT IV DATE 10/31/16

CONDITIONS OF APPROVAL, IF ANY: