

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.

30-021-20387

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

WELL WELL OTHER CO₂ PRODUCER

2. Name of Operator

OXY USA Inc.

8. Well No.

1832-171G

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat

BRAVO DOME CO₂ GAS UNIT 640

4. Well Location

Unit Letter G : 1700 Feet From The NORTH Line and 1700 Feet From The EAST Line
Section 17 Township 18N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4564' 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 OTHER: CASING TEST AND CEMENT JOB
OTHER: 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	3/23	300#		
2011	10/25	30#		Blew down in 5 min.
2012	9/10	65#		Blew down in 5 min.
2013	8/28	65#		Blew down in 5 min.
2014	8/20	60#		Blew down in 8 min.
2015	9/9	60#		Blew down in 8 min.
2016	8/23	60#		
2017	8/7	65#		

NO TUBING - 5 1/2" FC

TA EXPIRES 9/30/18

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

SIGNATURE [Signature] TITLE SR ENG ADVISOR DATE 9/12/2017
TYPE OR PRINT NAME AL GIUSSANI TELEPHONE NO. (808) 894 0200

(This space for State Use)
APPROVED BY [Signature] TITLE Engineer DATE 9/26/17
CONDITIONS OF APPROVAL, IF ANY: