

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.
30-021-20410

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., Artec, 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
WELL WELL OTHER CO₂ PRODUCER

2. Name of Operator
OXY USA Inc.

8. Well No.
1832-221K

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 K : 1700 Feet From The South Line and 1700 Feet From The WEST Line
Section 22 Township 18N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4578.2 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	4/5	425#		
2011	10/25	415#		
2012	9/10	420#		
2013	9/4	405#		
2014	8/20	450#		
2015	9/9	440#		
2016	8/23	420#		
2017	8/7	415#		

TA EXPIRES
9/30/18

NO TUBING - 5 1/2" FG

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. (806)894 0200

(This space for State Use)
APPROVED BY [Signature] TITLE Engineer DATE 9/26/17

CONDITIONS OF APPROVAL, IF ANY: