

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.
30-021-20483

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

8. Well No.
1930-281G

2. Name of Operator
OXY USA Inc.

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

9. Pool name or Wildcat
BRAVO DOME CO₂ GAS UNIT 160

4. Well Location
Unit Letter G : 1700 Feet From The North Line and 1700 Feet From The East Line
Section 28 Township 19N Range 30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4448.6' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>	<input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	<input type="checkbox"/>
OTHER: <input type="checkbox"/>	<input type="checkbox"/>	OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>	<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
2011	4/5	555#		
2011	9/14	545#		
2012	9/10	555#		
2013	8/28	550#		
2014	8/20	570#		
2015	9/15	570#		
2016	8/23	565#		
2017	8/3	542#		

NO TUBING - 5 1/2" FG

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 8/12/2017

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: