

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL API NO.

30-021-20397

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 CO<sub>2</sub> GAS UNIT

1. Type of Well

Oil WELL  Gas WELL  OTHER CO<sub>2</sub> PRODUCER

2. Name of Operator

OXY USA Inc.

8. Well No.

1932-101G

3. Address of Operator

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

9. Pool name or Wildcat

BRAVO DOME CO<sub>2</sub> GAS UNIT 640

4. Well Location

Unit Letter G : 1699 Feet From The NORTH Line and 1699 Feet From The EAST Line  
Section 10 Township 19N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4681.4' 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:  Yearly Bradenhead Test (TA Well)

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
2009	2/20	400#	0#	
2011	3/22	405#	0#	
2011	9/14	400#	0#	
2012	Could not open Tulsa Valve			
2013	9/4	315#		
2014	8/20	295#		
2015	9/14	270#		
2016	9/15	260#		
2017	9/10	230#		

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 Al Gussani TITLE SR ENG ADVISOR DATE 9/12/2017  
TYPE OR PRINT NAME AL GUSSANI TELEPHONE NO. (805)894 0200

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