

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

**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

**8. Well No.**  
2130-30 1 E

**2. Name of Operator**  
OXY USA Inc.

**9. Pool name or Wildcat**  
BRAVO DOME CO<sub>2</sub> GAS UNIT 640

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

**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' 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <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
2016	9/15	5 #		
2017	9/7	0 #		

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 GUSMANI TELEPHONE NO. (806)894 0200

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