

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH																
1	State of New Mexico																									Form C-103																								
2	Energy, Minerals, and Natural Resources Department																									Revised 1-1-89																								
3	District Office																																																	
5	DISTRICT I																									WELL API NO.																								
6	P.O. Box 1980, Hobbs, NM 88240																									30-021-20145																								
9	DISTRICT II																									5. Indicate Type of Lease																								
10	P.O. Drawer DD, Artesia, NM 88210																									STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>																								
13	DISTRICT III																									6. State Oil & Gas Lease No.																								
14	1000 Rio Brazos Rd., Aztec, NM 87410																																																	
17	SUNDRY NOTICES AND REPORTS ON WELLS																																																	
18	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A																																																	
19	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"																																																	
20	(FORM C-101) FOR SUCH PROPOSALS.)																									7. Lease Name or Unit Agreement Name																								
22	1. Type of Well																									BRAVO DOME CO2 GAS UNIT																								
24	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 PRODUCER <input type="checkbox"/>																																																	
27	2. Name of Operator																									8. Well No.																								
29	OXY USA Inc.																									1933-351G																								
32	3. Address of Operator																									9. Pool name or Wildcat																								
34	P.O. Box 303, AMISTAD, NEW MEXICO 88410																									BRAVO DOME CO2 GAS UNIT 640																								
37	4. Well Location																																																	
38	Unit Letter <u>G</u> : 1980 Feet From The <u>NORTH</u> Line and 1980 Feet From The <u>EAST</u> Line																																																	
40	Section <u>35</u> Township <u>19N</u> Range <u>35E 33E</u> NMPM <u>HARDING</u> County																																																	
43																										10. Elevation (Show whether DF, RKB, RT, GR, etc.)																								
44																										4826 GR																								
47	Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																	
49	NOTICE OF INTENTION TO:												SUBSEQUENT REPORT OF:																																					
51	PERFORM REMEDIAL WORK <input type="checkbox"/>												PLUG AND ABANDON <input type="checkbox"/>																																					
53	TEMPORARILY ABANDON <input type="checkbox"/>												CHANGE PLANS <input type="checkbox"/>																																					
55	PULL OR ALTER CASING <input type="checkbox"/>												OTHER: <input type="checkbox"/>																																					
57	OTHER: <input type="checkbox"/>												REMEDIAL WORK <input type="checkbox"/>																																					
59													ALTERING CASING <input type="checkbox"/>																																					
61													COMMENCE DRILLING OPNS. <input type="checkbox"/>																																					
63													PLUG AND ABANDONMENT <input type="checkbox"/>																																					
65													CASING TEST AND CEMENT JOB <input type="checkbox"/>																																					
67													OTHER: Yearly Bradenhead Test (EXTENSION TA STATUS) <input checked="" type="checkbox"/>																																					
69	12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)																																																	
71	SEE RULE 1103.																																																	
73	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>YEAR</th> <th>MONTH/DAY</th> <th>TBG. PRESS.</th> <th>CSG. PRESS.</th> <th>BLEED DOWN TIME</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>8/20</td> <td></td> <td>0#</td> <td>No tubing in well</td> </tr> <tr> <td>2015</td> <td>9/3</td> <td></td> <td>0#</td> <td>No tubing in well</td> </tr> <tr> <td>2016</td> <td>8/23</td> <td></td> <td>0#</td> <td>No tubing in well</td> </tr> <tr> <td>2017</td> <td>10/25</td> <td></td> <td>0#</td> <td>No tubing in well</td> </tr> </tbody> </table>																									YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	2014	8/20		0#	No tubing in well	2015	9/3		0#	No tubing in well	2016	8/23		0#	No tubing in well	2017	10/25		0#	No tubing in well
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75	TEMPERATURE LOG TO DETERMINE FLUID TOP ALSO SUBMITTED																																																	
77	<i>TA until 10/31/2018</i>																																																	
79	I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																																	
81	SIGNATURE																																																	
83	TITLE <u>Sr Engineering Advisor</u> DATE <u>10/25/2017</u>																																																	
85	TYPE OR PRINT NAME <u>Al Gibson</u> TELEPHONE NO. <u>808 894 0200</u>																																																	
87	(This space for State Use)																																																	
89	APPROVED BY TITLE <u>Dist IV</u> DATE <u>10/26/2017</u>																																																	
91	CONDITIONS OF APPROVAL, IF ANY:																																																	
92																																																		