

Submit 1 Copy To Appropriate District Office
 District I
 1625 N French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-059-20204
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE GAS UNIT (BDCDGU)
8. Well Number 321 (SWD)
9. OGRID Number 16696
10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS UNIT 640 ACRE AREA

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)

1. Type of Well: Oil Well Gas Well Other **DISPOSAL WELL**

2. Name of Operator
OXY USA Inc.

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

4. Well Location
 Unit Letter **A** : **956** feet from the **NORTH** line and **956** feet from the **EAST** line
 Section **32** Township **19N** Range **34E** NMPM **UNION** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL: 4912'

12. 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Clean out to reestablish injection <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ENCLOSED JOB SUMMARY

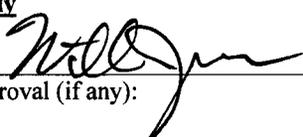
Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE SR ENG ADVISOR DATE 08/16/2018

Type or print name AL GIUSSANI E-mail address: albert_giussani@oxy.com PHONE: 806-638-1296

For State Use Only

APPROVED BY:  TITLE Engineer DATE 8/16/18
 Conditions of Approval (if any):

JOB SUMMARY

BDCDGU 19 34 32 1 A

API: 30-059-20204

REMEDIAL WORK TO REESTABLISH INJECTIVITY

7/17/2018

8:00 Safety meeting and JSA's
8:30 mix 3 drums scale converter in 11 bbls of FW
10:00 Rig up Basic coil tbg unit
11:00 Go. In hole with. Coil tbg to 1850'
11:30 spot scale converter from 1850' to 2000'
12:30 pull coil tbg out and rig down
1:30 shut well in to let converter soak
2:30 Secure well and SDFD

7/18/2018

8:00 Safety meeting and JSA's
8:30 Rig up coil tbg and Basic acid pump
9:30 go in hole to 1850' coil. Tbg
10:00 Start pumping 1500gal of 15% NEFE- acid @ 1200# @ .4 bpm
11:30 Acid gone and flush pumped at .6 bpm and 2000#
12:30 Pump N2 thru coil to remove the water.
1:30 Shut in well and SDFD.

7/19/2018

8:00 safety meeting and JSA's
8:30 RD coil tbg unit and release
9:00 all equipment off location
9:30 Return well to disposal