Submit 3 Copies		State of New Mexico				Form C-103		
to Appropriate	Energy, Minerals, and Natural Resources Department				nt		Revised 1-1-89	
District Office								
DISTRICT 1 OIL CONSERVATION DIVISION						WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088						30-021-20139		
DISTRICT II Santa Fe, New Mexico 87504-2088						5. Indicate Type of Lease		
P.O. Drawer DD, Ar	tesia, NM 88210	,				STATE	FEE	
DISTRICT III						6. State Oil & Gas Lease No.		
DISTRICT III 1000 Rio Brazos Rd	Artes NM 87410					o. State Off & Gas L	ease No.	
1000 Klo Brazos Ku					,			
		NOTICES AND REP						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						7 Losso Name or Un	it Agraement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)						7. Lease Name or Unit Agreement Name		
Type of Well	.,(10	THE TOTAL STATE OF THE TENT	00,120.,			BRAVO DOME CO	O2 GAS UNIT	
OIL OIL	GAS				,	DIVIVO DOME O	02 0/10 0/1//	
WELL	WEL		OTHER	CO2				
2. Name of Operato	r					8. Well No.		
OXY USA Inc.						2031-241F		
Address of Opera	ator.					9. Pool name or Wild	leat	$\dashv$
P.O. Box 303, AMISTAD, NEW MEXICO 88410						BRAVO DOME CO2 GAS UNIT		
P.O.	BOX 303, AIVIISTAD	, INEVVIVIENICO	36410			BICAVO DOIVIL CO	02 000 01111	
4. Well Location								
Unit Letter	F : 198	0 Feet From The	NORTH	Line and	1980	Feet From The	WEST Line	
Section	24	Township	20N	Range 31E	NMI	PM HARDING	G County	
		10. Eleva	tion (Show when	ther DF, RKB, RT, GR, etc.)				
			4702					
	Chast	- Ammonnioto Dov	to Indicate	Matura of Matic	na Dama	et or Other Date		
11.	Check	c Appropriate Box	to indicate	Nature of Notic				
	NOTICE OF I	NTENTION TO:		,	SUBSI	EQUENT REPORT	OF:	
PERFORM REME	DIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	(	ALT	ERING CASING	
						$\vdash$		=
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.						PLU	JG AND ABANDONMENT	
PULL OR ALTER	CASING			CASING TEST AN	D CEMENT .	JOB		
OTHER:				OTHER: Yearly B	radophaad Ta	st (TA )M(all)		V
				OTTICK: Tearly B	radersicad re	St (174 Well)	·	
•	ed or Completed Operations	(Clearly state	all pertinent detail	ls, and give pertinent date	es, including	estimated date of starting a	any proposed work)	
SEE RULE 1		TDO DDEGO	000 00	FOC DIFFD	DOW(NI T	· IA 4 C		¬
YEAR	MONTH/DAY	TBG. PRESS.	CSG. PR	ESS. BLEED	DOWN T	IIVIE		
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1996	6/3	0	0 -	0				
1997	7/8	0	0					-
1998	8/27	0	0					- {
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2003	8/12	0	0					1
2004	7/13	0	0					
2005	8/10	0	0					
2006	7/26	0	0					
2007	11/13	0	0					
2009	1/22	0	0					
	1722	Ū	J					
								<u> </u>
I hereby certify tha	at the information above	s true and complete to the b	est of my knowled	dge and belief.		•		
SIGNATURE	111 4	Clay	TITLE	Well Analyst		DATE	1/27/09	
TYPE OR PRINT NAI	ME M. L. CLAY		•			TELEPHOI	NE NO. (505) 374-3058	
							(200) 074 2000	
(This space for Sta	ate Use)	M	TITLE	DISTRICT S	HIPFR	VISOR DATE	- // /- 0	
APPROVED BY	/ce(_	Marin		BIAIIMAI	W I best t	WIN DATE	2/6/07	
CONDITIONS OF AP	PROVAL, IF ANY:	/					•	