

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.

30-021-20139

5. Indicate Type of LeaseSTATE ☐FEE ☐**6. State Oil & Gas Lease No.****7. Lease Name or Unit Agreement Name**

BRAVO DOME CO2 GAS UNIT

8. Well No.

2031-241F

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

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

CO2

2. Name of Operator

OXY USA Inc.

3. Address of Operator

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

4. Well LocationUnit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 24 Township 20N Range 31E NMPM HARDING County10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4702 GR**11.****Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data****NOTICE OF INTENTION TO:**PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐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 |
|------|-----------|-------------|-------------|-----------------|
| 1995 | 6/30 | 0 | 0 | |
| 1996 | 6/3 | 0 | 0 | |
| 1997 | 7/8 | 0 | 0 | |
| 1998 | 8/27 | 0 | 0 | |
| 1999 | 6/22 | 0 | 0 | |
| 2000 | 8/10 | 0 | 0 | |
| 2001 | 1/10 | 0 | 0 | |
| 2002 | 6/19 | 0 | 0 | |
| 2003 | 8/12 | 0 | 0 | |
| 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 | |

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

SIGNATURE

M L Clay

TITLE

Well Analyst

DATE

1/27/09

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO.

(505) 374-3058

(This space for State Use)

APPROVED BY

Del Martin

TITLE

DISTRICT SUPERVISOR

DATE

2/6/09

CONDITIONS OF APPROVAL, IF ANY: