

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-021-20368
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>CO<sub>2</sub> Supply Well</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 303, Amistad, New Mexico 88410		7. Lease Name or Unit Agreement Name BRAVO DOME CARBON DIOXIDE UNIT 19 33
4. Well Location Unit Letter <u>K</u> : <u>1700</u> feet from the <u>SOUTH</u> line and <u>1700</u> feet from the <u>WEST</u> line Section <u>10</u> Township <u>19 N</u> Range <u>33 E</u> NMPM County <u>HARDING</u>		8. Well Number <u>102</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 4968.5'		9. OGRID Number <u>16696</u>
		10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE UNIT 640 - 96010

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	P AND A <input checked="" 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: <input 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.

9/26/2010 MI + RUSU + KILL CSG WITH FW + ND WELLHEAD+ NU BOP  
RUN IN WITH TUBING AND 5 1/2" CEMENT RETAINER  
PUMP THROUGH RETAINER SET AT 2332'. PUMP 10 BFW, TUBING PRESSURE 2000 PSI TOH + TIH WITH SECOND RETAINER,  
SET AT 2332' + PUMP THROUGH +  
STING OUT, CIRCULATE WITH FW + CORROSION INHIBITOR (CRW37-10)  
TEST CASING TO 500 PSI, HELD FOR 30 MIN, OK  
STING INTO CEMENT RETAINER, PUMP 15 SX BELOW RETAINER  
CAP WITH 10 SX + TOH + SDON.  
9/27/2010 RUN IN WITH TUBING TO 1950' SPOT 25 SX. TOH + SI 3 HRS. TIH TAG TOP OF  
CEMENT AT 1702'. PULL OUT OF HOLE WITH TUBING, LAY DOWN WS. NOBOP.  
TIH TO 31' SPOT 4 SX TO SURFACE. RD + MOSU.  
WELL P&A.

CEMENT: HALLIBURTON, PREMIUM PLUS - CLASS C + 2% CALCIUM CHLORIDE @ 14.8 ppg

Spud Date: 9/26/2010 Rig Release Date: 9/27/2010

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

SIGNATURE [Signature] TITLE Engineering Advisor DATE 11/11/2010

Type or print name Alberto Giussani E-mail address: albert\_giussani@oxy.com PHONE: 806 894- 0200

**For State Use Only**

APPROVED BY: [Signature] TITLE **DISTRICT SUPERVISOR** DATE 11/15/10

Conditions of Approval (if any):