

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.**30-021-20094****5. Indicate Type of Lease**STATE ☐FEE ☐**6. State Oil & Gas Lease No.****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.)**7. Lease Name or Unit Agreement Name**

BRAVO DOME CO2 GAS UNIT

1. Type of WellOIL
WELL ☐GAS
WELL ☐

OTHER

CO2

2. Name of Operator

OXY USA Inc.

8. Well No.**2031-101G****3. Address of Operator**

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

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well LocationUnit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 10 Township 20N Range 31E NMPM HARDING County**10. Elevation (Show whether DF, RKB, RT, GR, etc.)**4664 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
1994	6/2	345#	0	
1995				
1996	6/3	345#	0	
1997	7/8	345#	0	
1998	8/27	340#	0	
1999	6/22	340#	0	
2000	8/10	350#	0	
2001	1/10	345#	0	
2002	6/19	345#	0	
2003	8/12	345#	0	
2004	7/12	345#	0	
2005	8/10	345#	0	
2006	7/26	350#	0	
2007	11/13	345#	0	
2009	1/22	350#	0	
2010	9/14	345#	0	

This approval for temporary abandonment
expires 9/14/2011APPROVAL USED FOR
PERMIT EXTENSION
UNLESS DRILLING UNDERWAY

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 3/21/11

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY

S. L. Martin

TITLE

DISTRICT SUPERVISOR

DATE 4/4/2011

CONDITIONS OF APPROVAL, IF ANY: