

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

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.

30-059-20412

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1935-042L

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 Location

Unit Letter L : 2310 Feet From The SOUTH Line and 3330 Feet From The WEST Line
Section 4 Township 19N Range 35E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4662 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
2005	9/7	155#	0	
2006	8/9	150#	0	
2007	11/14	140#	0	
2009	1/26	150#	0	
2010	Plugged 9/22/10			

NO NEED TO REPORT
THIS ONE ANY LONGER
UNLES RE-ENTERED

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 3/24/11

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY

Sh Martin

TITLE

DISTRICT SUPERVISOR

DATE

4/4/2011

CONDITIONS OF APPROVAL, IF ANY: