

Submit 3 Copies  
to Appropriate  
District Office

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

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-059-20479

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.

1835-302K

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 K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line  
Section 30 Township 18N Range 35E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4645.6 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

2009 2/13/09 240#

0#

2010 Plugged 9/23/2010

NO NEED TO REPORT  
THIS ONE ANY LONGER  
UNLESS RE-ENTERED  
*[Signature]*

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

SIGNATURE

*[Signature]*

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

*[Signature]*

TITLE

DISTRICT SUPERVISOR

DATE

4/4/2011

CONDITIONS OF APPROVAL, IF ANY: