

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**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**WELL API NO.**

**30-021-20426**

**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.**

**1831-111G**

**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 G : 1700 Feet From The NORTH Line and 1700 Feet From The EAST Line  
Section 11 Township 18N Range 31E NMPM HARDING County

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

4441 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**

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

SEE RULE 1103.

YEAR MONTH/DAY TBG. PRESS. CSG. PRESS. BLEED DOWN TIME

2011 3/23 130# Blowed down in 10 seconds  
5 1/2" Fiberglass Production casing -- Tubingless completion

This approval for temporary abandonment  
expires \_\_\_\_\_

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 3/28/11

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY

*Ed Martin*

TITLE

**DISTRICT SUPERVISOR**

DATE

4/21/2011

CONDITIONS OF APPROVAL, IF ANY: