

Submit 3 Copies
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

STRICT I
P.O. Box 1980, Hobbs, NM 88240

STRICT II
P.O. Drawer DD, Artesia, NM 88210

STRICT III
100 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-021-20049

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

Type of Well
OIL WELL GAS WELL OTHER CO2

8. Well No.
1932-181G

Name of Operator
OXY USA Inc.

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 18 Township 19N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4574.6 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
DRILL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER: Yearly Bradenhead Test (TA Well)

ALTERING CASING
PLUG AND ABANDONMENT

2. 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
1990	6/22	435#	0	
1991	6/11	440#	0	
1992	6/11	430#	0	
1993	5/27	430#	0	
1994	5/27	425#	0	
1995				
1996	5/24	425#	0	
1997	8/21	425#	0	
1998	9/3	425#	0	
1999	6/24	430#	0	
2000	9/6	430#	0	
2001	1/5	420#	0	
2002	6/18	420#	0	

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 6/20/02

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 6/27/02

CONDITIONS OF APPROVAL, IF ANY: