

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**

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

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

**STRICT III**  
00 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-021-20085

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.  
1930-241J

Name of Operator  
OXY USA Inc.

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

9. Pool name or Wildcat  
BRAVO DOME CO2 GAS UNIT

Well Location  
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line  
Section 24 Township 19N Range 30E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4568 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   
WELL 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	6/27	540#	0	
1991	6/19	545#	0	
1992	6/16	530#	0	
1993	5/26	530#	0	
1994	6/2	530#	0	
1995	6/28	530#	0	
1996	5/23	530#	0	
1997	5/21	530#	0	
1998	9/3	530#	0	
1999	6/22	530#	0	
2000	8/1	525#	0	
2001	1/8	525#	0	
2002	6/18	525#	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: