

WEST BRAVO DOME CDU #20
1650' FNL & 1650' FNL SEC 32 T19N R30E

ELEVATION: KB: 4429'
GL: 4416'

9 5/8" SURFACE CASING @ 639'
CMTD W/ 500 SX CNT. CIRC.

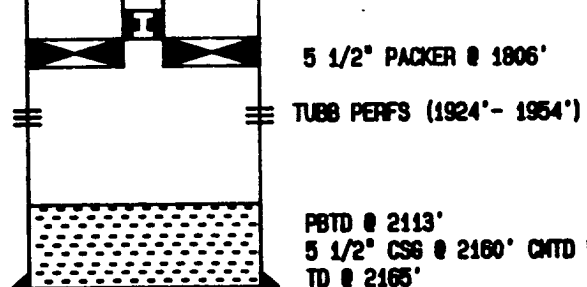
1 - 2 3/8" X 5 1/2" GUB UN I VI 6.50
1 - 2 3/8" GUB ON/OFF TOOL 2.45
1 - 2 3/8" CHROME SUB 6.05
59- JTS 2 3/8" 4.7# J55 TBG 1745.17
4 - 2 3/8" F6 SUBS 26.05
1 - 2 3/8" CHROME SUB 6.10

TOTAL 1793.32
KB 13.00

SET AT 1806.32

PACKER EQUIPPED 1.781 PROFILE NIPPLE

	SURFACE	PRODUCTION	TUBING
SIZE	9 5/8"	5 1/2"	2 3/8"
WEIGHT	36 #	15.5 #	2000 #
GRADE	K-55	K-55	F6
THREAD	ST&C	LT&C	8rd EUE
DEPTH	639'	2160'	1806'



5 1/2" PACKER @ 1806'

TUBG PERFS (1924'- 1954')

PREP'D BY: JOE M. FLEMING
DATE : MAY 15, 1991

PBTD @ 2113'
5 1/2" CSG @ 2160' CMTD W/ 700 SX
TD @ 2165' CNT CIRC

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30 - 021 - 20231

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L5852

7. Lease Name or Unit agreement Name

WEST BRAVO DOME CDG UNIT

8. Well No. 20

9. Pool name or Wildcat
WEST BRAVO DOME

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 SUPPLY

2. Name of Operator OXY USA INC.

3. Address of Operator P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter F : 1,650 Feet From The NORTH Line and 1,650 Feet From The WEST Line
Section 32 Township 19 N Range 30 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,416

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 (SI) ☒

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.

TD - 2165' PBTD - 2113'	YEAR	DATE	TBG PSI	CSG PSI	BD TIME
PERFS - 1924' - 1954'	1990				
	1991	10/30	520	0	
	1992	9/22	485	0	
	1993	9/22	490	0	
	1994				
	1995				
	1996				
	1997				
	1998				
	1999				
	2000				

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 10 04 93

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 10-7-93

CONDITIONS OF APPROVAL, IF ANY: