

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025- 05684
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 6704
7. Lease Name or Unit Agreement Name: East Eumont Unit
8. Well No. 60
9. Pool name or Wildcat Eumont Yates 7Rvr On

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 Injection

2. Name of Operator
OXY USA WTP Limited Partnership 192463

3. Address of Operator
P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
 Unit Letter 0 : 660 feet from the South line and 1980 feet from the east line
 Section 22 Township 19S Range 37E NMPM County Lea

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

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 MULTIPLE COMPLETION

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER: MIT & TA Status

OTHER:

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

OXY USA WTP LP requests to temporarily abandon this well for possible future use.

TD- 3960 PBID- 3958 Perfs- 3835-3874 Pkr/~~CRP~~- 3742

1. Notify ~~DEM~~/MOCOD of casing integrity test 24hrs in advance.
 2. RU pump truck 518102, circulate well with treated water, pressure test casing to 500 # for 30 min.

6/11/07

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

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 6/7/02

Type or print name David Stewart

Telephone No. 915-685-5717

(This space for State use)

APPROVED BY _____ TITLE _____ DATE JUN 11 2002

Conditions of approval, if any:

