

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-05848

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No. 8935

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  
East Eumont Unit 008598

1. Type of Well:  
OIL WELL  GAS WELL  OTHER Injection

8. Well No. 114

2. Name of Operator OXY USA Inc. 16696

9. Pool name or Wildcat Eumont Yates 7 Rvr Qn 022800

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

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line  
Section 1 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, 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   
OTHER:   
SUBSEQUENT REPORT OF:  
REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
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.

EAST EUMONT UNIT #114

MIRU PU 4/15/98, NDWH, NUBOP. RIH & TAG CIBP @ 3656', SPOT 120sx CL C CMT TO 2500', POOH TO 2407'. SPOT 120sx CL C CMT FROM 2407-1251', POOH TO 1158'. SPOT 120sx CL C CMT FROM 1158-SURFACE, POOH, ND BOP. SPOT 10sx CL C CMT SURFACE PLUG. RDPV 4/16/98, DUG OUT CELLAR, INSTALL DRY HOLE MARKER. NMOCN NOTIFIED & REVIEWED PLUGGING PROCEDURE W/ CHARLIE PERRIN.

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 7/9/98

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)  
APPROVED BY [Signature] TITLE Field Sup DATE 2-21-01

CONDITIONS OF APPROVAL IF ANY

TP 5 PM