

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, Artesia, NM 88210
 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. 30-025-04033
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)

1. Type of Well:
 Oil Well Gas Well Other WIW

2. Name of Operator
 RHOMBUS OPERATING CO., LTD.

3. Address of Operator
 P.O. BOX 8316

4. Well Location
 Unit Letter K : 1650 feet from the SOUTH line and 2323 feet from the WEST line
 Section 22 Township 19-S Range 36-E NMPM LEA County

7. Lease Name or Unit Agreement Name:
 NORTHWEST EUMONT UNIT

8. Well No.
 126

9. Pool name or Wildcat
 EUMONT YATES

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3,768' KB

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

5-8-00 TAG CIBP @ 4133' - SPOT 25 SXS ON TOP
 SPOT 25 SXS @ 2924' - 2724'
 5-9-00 PERF CSG @ 1600' - SQZ 50 SXS - TAG @ 1320'
 SPOT 10 SXS @ 30' TO SURFACE
 INSTALL DRY HOLE MARKER
 CIRCULATE 10# MUD

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

SIGNATURE Mabry Kniffen-Wingo TITLE Manager DATE: July 25, 2000

Type or print name Mabry Kniffen-Wingo Telephone No. 915-683-8873

APPROVED BY [Signature] TITLE Field Rep DATE 10-18-00

Conditions of approval, if any:

[Handwritten initials]

[Handwritten initials]