

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.  
**30-025-04111**

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:  
**NORTHWEST EUMONT UNIT**

1. Type of Well:  
 Oil Well  Gas Well  Other

8. Well No. #166

2. Name of Operator  
**Rhombus Operating Co., Ltd.**

8. Pool name or Wildcat  
**Eumont Yates**

3. Address of Operator  
**P.O. Box 8316, Midland, TX 79708-8316**

4. Well Location  
 Unit Letter L : 1,980 feet from the SOUTH line and 990 feet from the WEST line  
 Section 34 Township 19-S Range 36-E 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   
 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.

01/21/03 - change number on dry hold marker.

RECEIVED  
 Hobbs  
 OGD

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 02/17/03

Type or print name MABRY KNIFFEN-WINGO Telephone No. 915.683.8873

(This space for State use)

APPROVED BY Johnny Robinson TITLE COMPLIANCE OFFICER

MAR 04 2003  
 DATE

Conditions of approval, if any:

*[Handwritten initials]*