

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 - 025 - 05583
5. Indicate Type of Lease STATE FEE
6. State Oil & Gas Lease No. B-2330

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

7. Lease Name or Unit agreement Name
EAST EUMONT UNIT

2. Name of Operator OXY USA INC.

8. Well No. 28

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

9. Pool name or Wildcat EUMONT YATES SVN RVR QN

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 9 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,659

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: START INJECTION <input checked="" type="checkbox"/>	

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 - 3975' PBD - 3969' PERFS - 3868' - 3954'
PUT WELL ON INJECTION 3/21/94 @ 41 BWPD @ 650#.

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 06 07 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 10 1994

RECEIVED

JUN 17 1994

MAIL ROOMS
OFFICE