

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
District II
P.O. Drawer DD, Artesia, NM 88210
District III
1000 Rio Brazos Rd. Aztec, NM 87410

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

WELL API NO. 30 - 025 - 05584

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.)

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 27

2. Name of Operator OXY USA INC.

9. Pool name or Wildcat
EUMONT YATES SVN RVR QN

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

4. Well Location
Unit Letter B : 660 Feet From The NORTH Line and 1,980 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.)
3,695

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: RE-ACTIVATE

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 - 3980' PBD - 3967' PERFS - 3776' - 3945'

MIRU PU, 10/26/93, NDWH NUBOP, RIH & TAG @ 3967', CHC. PERF W/ 2 SPF @ 3776-79, 82-3797, 3805-12, 19-39, 48-3891, 3921-29, 35-3945' TOTAL 226 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ 2-7/8" TBG & SET @ 3893', NDBOP, NUWH, RDPU 10/28/93.

RUPU 2/8/94, RIH W/ 2-1/2" X 1-1/2" X 16' BHD PUMP ON 76 RD STR, RDPU. PUT WELL ON TEST 3/23/94.

NMOCD 24HR POTENTIAL TEST - 11/22/94 - 1-BO 10-BW 7-G 7000-GOR 37.1

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 12 05 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:

DEC 07 1994

RECEIVED

DEC 06 1994

OCD HUMAN
OFFICE