

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 - 05590

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
B-2209

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No. 36

9. Pool name or Wildcat  
EUMONT YATES SVN RVR QN

**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

2. Name of Operator  
OXY USA INC.

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

4. Well Location  
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line  
Section 10 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3,662

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: START INJECTION

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 - 3989' PBD - 3988' PERFS - 3781' - 3955'

PUT WELL ON INJECTION 3/21/94 @ 25 BWPD @ 800#.

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 ORIGINAL SIGNED BY JUDY SEASON DATE \_\_\_\_\_  
DISTRICT I SUPERVISOR

**JUN 10 1994**

CONDITIONS OF APPROVAL, IF ANY: