

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 - 05600

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.
41

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 E : 1,980 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 15 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,652

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: CONVERT TO INJECTION <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CONVERT TO 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 - 3970' PBD - 3961' PERFS - 3779' - 3951'

MIRU PU, 10/8/93, NDWH NUBOP, RIH & TAG @ 3803', DO CIBP & CO TO 3961'. PERF ADD'L INTERVAL W/ 2SPF @ 3779-82, 91-3802, 14-22, 42-51, 64-68, 78-87, 3893-3903, 31-35, 44-3951' TOTAL 144 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3699', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 300#, RDPU 10/14/93. PUT WELL ON INJECTION 3/21/94 @ 41BWPD @ 550#.

R-2901 inject

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

SIGNATURE [Signature] TITLE REGULATORY ANALYST DATE 06 20 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY JERRY SEXTON DATE JUN 22 1994
DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

JCB NS