

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-05691

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
East Eumont Unit 008598

1. Type of Well:
OIL WELL GAS WELL OTHER Water Injection

8. Well No. 80

2. Name of Operator OXY USA Inc. 16696

9. Pool name or Wildcat Eumont Yates 7 Rvr Qn 022800

3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter M : 660 Feet From The South Line and 810 Feet From The West Line

Section 26 Township 19S Range 37E NMPM Lea County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER: CIT - TA STATUS

ALTERING CASING
PLUG AND ABANDONMENT

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 - 3900 PBDT - 3896 PERFS - 3816-3862 PKR/CIBP - 3654

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.

This Approval of Temporary Abandonment Expires 6/12/2002

- 1) NOTIFIED ~~DEM~~/NMOCD OF CASING INTEGRITY TEST.
- 2) RU PUMP TRUCK 4/25/97, PRESSURE TEST CASING TO 330 # FOR 30 MIN.

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 6/12/97

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

CB

DP

