

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30-025-05703

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E 6888

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

2. Name of Operator
OXY USA Inc. 16696

8. Well No. 69

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

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

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 27 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether PF, RKB, RT, GR, etc.)
3611

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- OTHER:

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

EAST EUMONT UNIT #69

MIRU PU 1/11/99, NDWH, NUBOP. RIH & TAG @ 3667', CH W/ 10# MUD, SPOT 25sx CL C CMT. POOH TO 2828', SPOT 25sx CL C CMT. POOH TO 1512', SPOT 25sx CL C CMT, POOH. RIH, PERF CSG @ 368', EIR @ 3BPM @ 200#, M&P 119sx CL C CMT, CIRC CMT TO SURF BETWEEN 5-1/2" & 8-5/8" & FILL 5-1/2" CSG. ND BOP. RDPU 1/11/99. NMOCD NOTIFIED BUT DID NOT WITNESS.

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 1/26/99

TYPE OR PRINT NAME David Stewart

TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY Johnny Robinson TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

GWW