

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

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.	30-025-05705
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	89130
7. Lease Name or Unit Agreement Name	East Eumont Unit 008598
8. Well No.	73
9. Pool name or Wildcat	Eumont Yates 7 Rvr Qn 022800

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 Water Injection

2. Name of Operator: OXY USA Inc. 16696

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

4. Well Location: Unit Letter K : 1650 Feet From The South Line and 2310 Feet From The West Line
Section 27 Township 19S Range 37E NMPM Lea Country

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 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: CIT - TA STATUS

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 - 3870' PBSD - 3860' PERFS - 3729-3844' PKR/CIBP - 3662'

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

This Approval of Temporary Abandonment Expires 6/17/2002

- 1) NOTIFIED BLM/NMOCB OF CASING INTEGRITY TEST.
- 2) RU PUMP TRUCK 4/18/97, PRESSURE TEST CASING TO 500 # 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

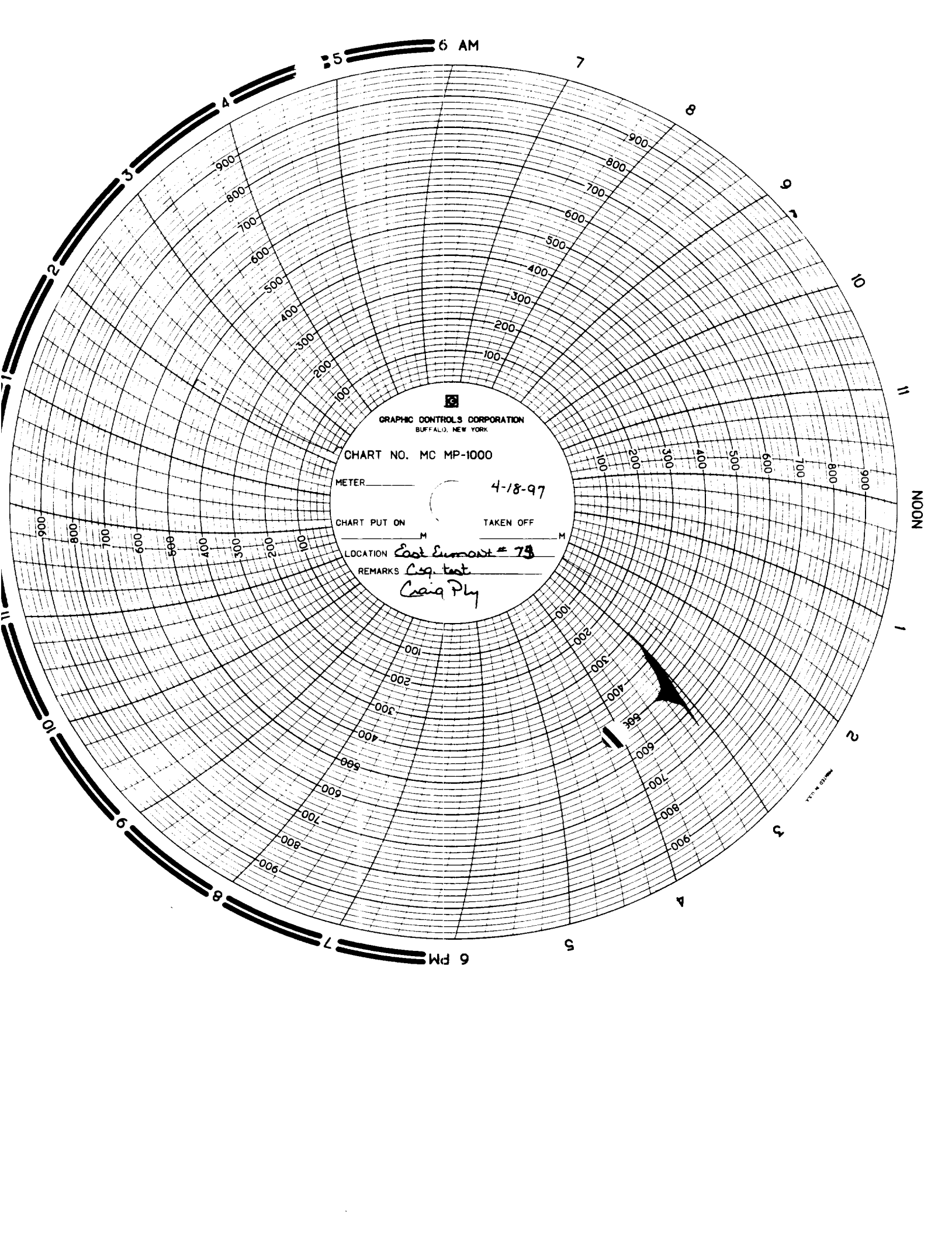
(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 4/17/1997

CONDITIONS OF APPROVAL, IF ANY: _____

TJB

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NOON

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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER _____ 4-18-97

CHART PUT ON _____ TAKEN OFF _____

LOCATION East Summit # 73

REMARKS Csq. test
Craig Ply

900
800
700
600
500
400
300
200
100

900
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200
100

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