

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.
30-025-05707

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B2330

7. Lease Name or Unit Agreement Name
East Eumont Unit
008598

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

2. Name of Operator
OXY USA Inc. 16696

8. Well No.
79

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 P : 660 Feet From The South Line and 660 Feet From The East Line
Section 27 Township 19S Range 37E NMMPM 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 ☐ 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: MIT & 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.

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

TD- 3860 ' PBTD- _____ PERFS- 3806-3818 ' PKR/CIBP- 3706 '

1) NOTIFY BLM/NMOC D OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK 8/21/98, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 450 # FOR 30 MIN.

This Approval of Temporary
Abandonment Expires 8/31/2003

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 8/24/98
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY David Williams
DISTRICT SUPERVISOR

TITLE _____ DATE AUG 31 1998

CONDITIONS OF APPROVAL, IF ANY:

FOC N





