

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. 30-025-05708

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No. 82330

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

8. Well No. 71

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 H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 27 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:

SUBSEQUENT REPORT OF:

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

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

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

TD- 3723 ' PBD- _____ ' PERFS- 3848-3863 ' PKR/CIBP- 3748 '

1) NOTIFY ~~BIM~~/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK 811198, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 480 # 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

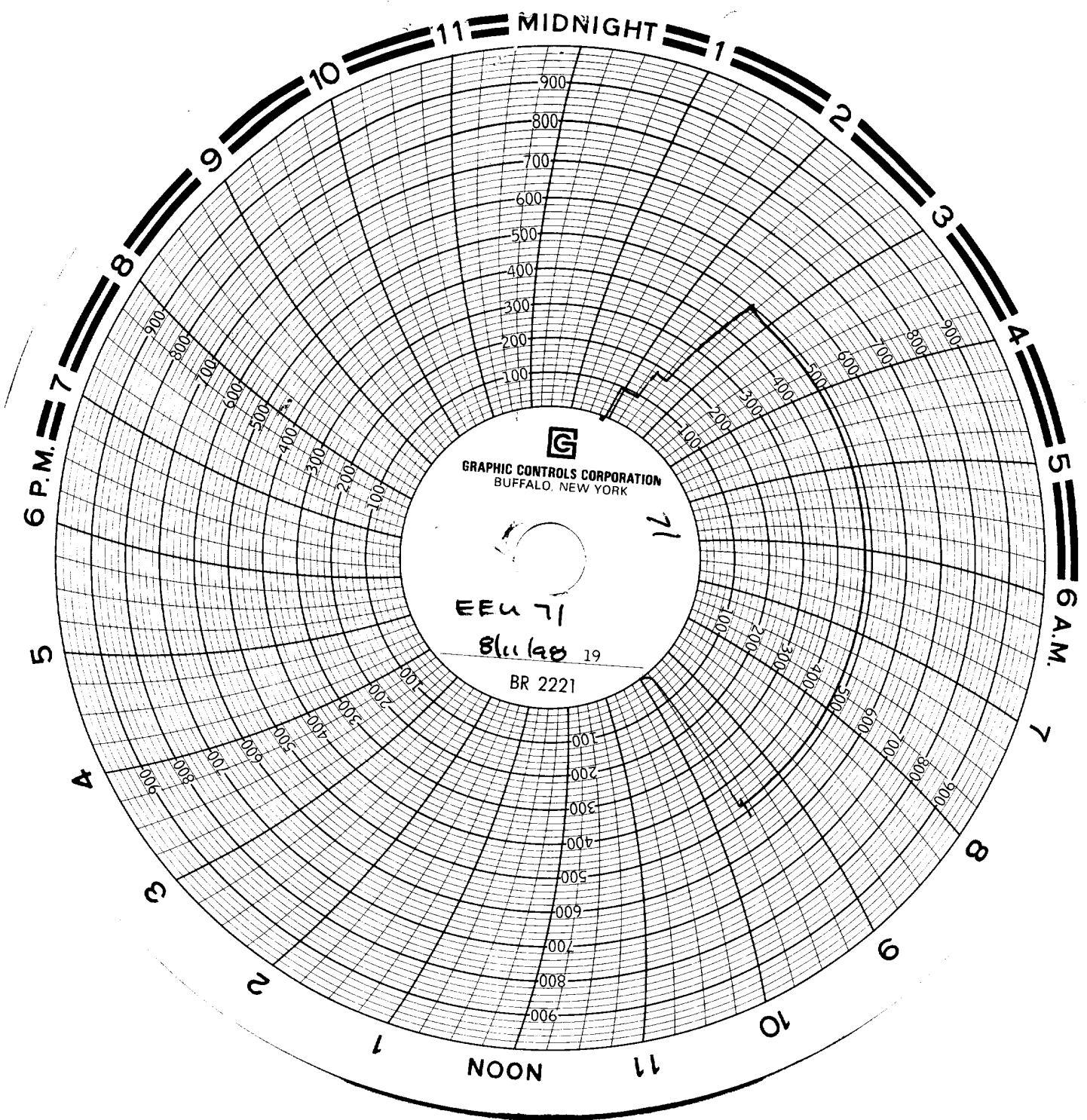
(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 31 1998

CONDITIONS OF APPROVAL, IF ANY:

TC GN

JMC



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

EEU 71

8/11/68 19

BR 2221

H-S 27-719 R37
30 minutes
500 * Bld down to 490 *
8-11-98
FEM 71
Oty USA FINE