CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL AM NO. 30- 025- 05711
DISTRICT II P.O. Drawer DD, Artesia, NM \$2210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Leese
DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410	STATE FEE A
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. Lasse Pains of Unit Aprening Pains
1. Type of Well: OL ONE WELL OTHER Water Injection	East Eumont Unit 008598
2. Name of Operator OXY USA Inc. 16696	1. Well No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. Pool same or Wildcat 022800 Eumont Yates 7 Rvr Qn
4. Well Location Unit Latter A: 660 Feet From The North Line and 330 Feet From The East Line	
Section 28 Township 195 Range 37E	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON A CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING CEMENT JOB	
OTHER:OTHER:	
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 - 3950' PBTD - 3838' PERFS - 376/-38/9' PKR/CLBP - 3679'	
OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.	
1) NOTIFY BLM/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.	
2) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 500# FOR 30 MIN.	
I hereby cartify that the seformation above is true and complete to the best of my knowledge and belief.	
David Stewart Regulato	rv Analyst DATE 4/7/97
THE CRIMENT NAME TELEPHONE NO. 913083371	
(This space for State Unit (GENA), ESPANCE OF A TOTAL FOR	197 19 197
APPROVED BY TITLE	DATE