

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, Aramis, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-05821

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
A 1118

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 Water Injection

2. Name of Operator
OXY USA Inc. 16696

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

8. Well No.
85

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

4. Well Location
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line
Section 34 Township 19S Range 37E NMPM Lea County

10. Elevation (Specify 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 - 4002 PBDT - 3868 PERFS - 3774-3844 PKR/CIBP - 3670

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.
This Approval of Temporary Abandonment Expires 6/17/2008

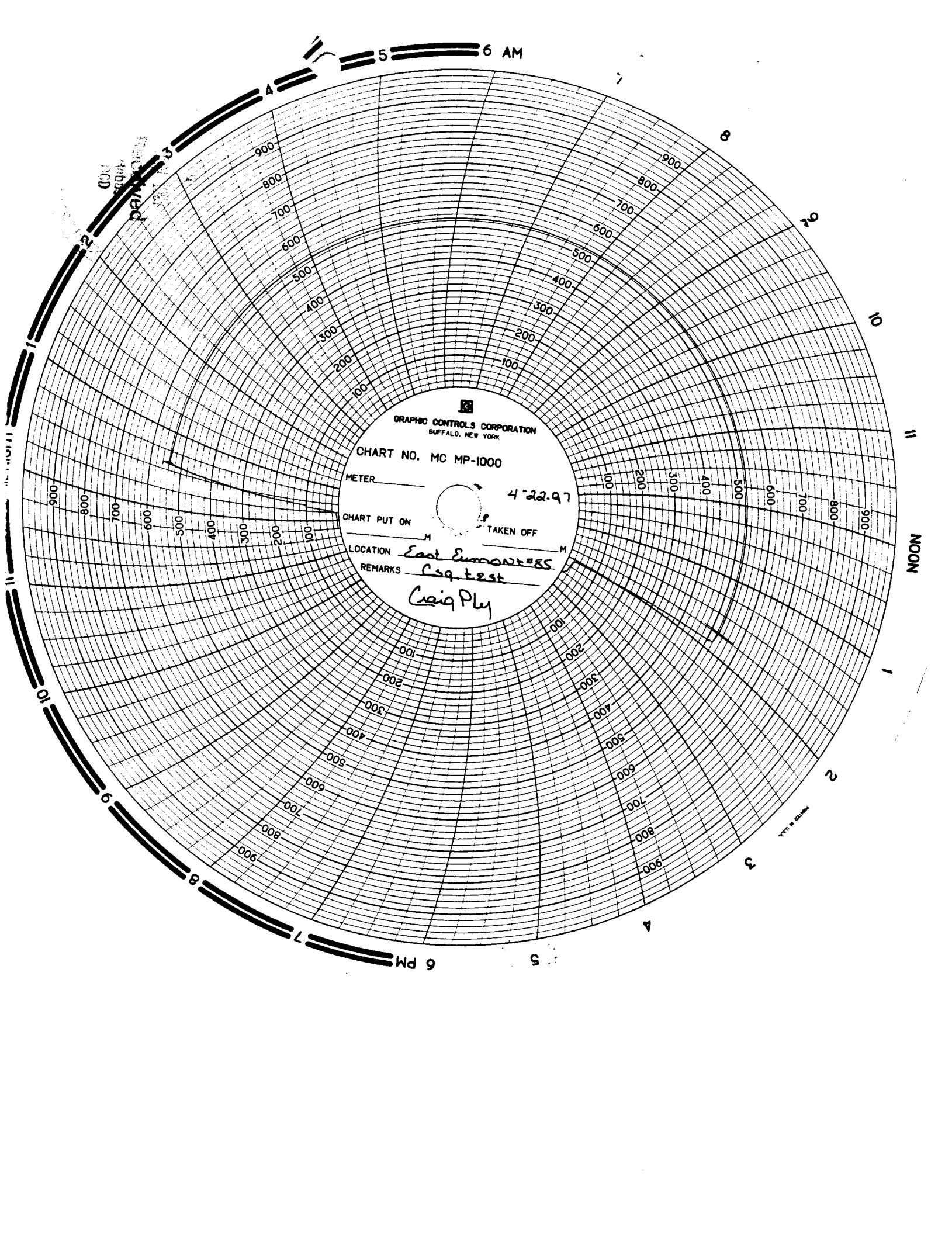
- 1) NOTIFIED ~~BEM~~/NMOCD OF CASING INTEGRITY TEST.
- 2) RU PUMP TRUCK 4/22/97, PRESSURE TEST CASING TO 530 # FOR 30 MIN.

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)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY _____
DISTRICT 1 SUPERVISOR
JUN 17 1997

JEB



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER _____

4-22-97

CHART PUT ON _____

TAKEN OFF _____

LOCATION _____

East Summit #85

REMARKS _____

Csq. test
Craig Ply

6 AM

NOON

6 PM