Submit 3 Copies to Appropriate District Office	State of New Energy, Minerals and Natu		ent	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	OIL CONSERVAT 2040 Pache Santa Fe, N	eco St.	WELL API NO. 30-025-0583 5. Indicate Type of Lease STAT	31 TE X FEE
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.)			6. State Oil & Gas Lease No. A1593 7. Lease Name or Unit Agreement Name Bat Eumont Unit	
1. Type of Well: OIL GAS WELL 2. Name of Operator	OTHER Inj e	ection	East 8. Well No.	104
OXY USA WTP Limited Partnership 192463 3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250 4. Well Location			9. Pool name or Wildcat Eumont Yates 7Rvr On	
Unit Letter E : 1650	Township 19S 10. Elevation (Show wh	Range 37E nether DF, RKB, RT, GR, etc.) 3598'	NMPM Lea	east Line County
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 CASING TEST AND CE OTHER:	G OPNS. PLUG AN	G CASING [] ID ABANDONMENT []
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent	details, and give pertinent date	es, including estimated date of	starting any proposed
12/06/2001 CMIC:Davis F MIRU KEY WS #284 RIH w/ L/E: \$3192 CUM L/E: \$319 12/07/2001 CMIC:Davis L RU Halliburton spotted 3 plugs. POOH w/ 40 jts tb 2875' spotted 25 sxs Cla 25 sxs Class C cmt w/ 3% w/ 3% CACL. ND BOP. RDMO	2-7/8 WS tagged CIBP @ 3 2 AST REPORT 5 sxs Class C cmt w/3% C g. WOC 3hrs. RIH tagged o ss C cmt w/ 3% CACL. POOI CACL. POOH to 372' spot	ACL pumped mud between cmt @ 3284'. LD tbg t H LD tbg to 1569' spo ted 35 sxs Class C cm	to otted	FLTT, ED Hobbs
Lhereby certify that the information above is tru	e and complete to the best of my knowled	ge and helief		

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Sr. Regulatory Analyst

DATE

TELEPHONE NO. 915-685-5717

COMPLIANCE OFFICER

APPROVED BY

APPROVED BY

CONDITIONS OF APPROVAL JE ANY:

80,