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Submit 3 Copies To Appropriate District State of New Mexico Office					Form C-	
District I Energy, Minerals and Natural Resources				Revised March 25, 1999		
District II				WELL API NO. 30-025- 05849		
811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
District III 2040 South Pacheco				STATE STATE STATE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505					& Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505				o. State on	B 735	
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 AgreementName: EAST EUMONT UNIT		
1. Type of Well:					141 01411	
Oil Well Gas Well Other						
2. Name of Operator OXY USA Inc. 16696					118	
3. Address of Operator	9. Pool name					
P.O. BOX 50250 MIDLAND, TX 79710-0250					ATES 7RVR-QN	
4. Well Location						
Unit Letter L	: 1980 feet from	the South		ور feet کی	from the West	line
	•					
Section			ange 37E R, RKB, RT, GR, etc	NMPM	County LEA	
	10. Elevation (She	ow wneiner D	K, KKB, K1, GK, eld	i.)		
11. (Check Appropriate Box to	Indicate N	ature of Notice, 1	Report or Oth	ner Data	
NOTICE	OF INTENTION TO:		SUB	SEQUENT I	REPORT OF:	
	ORK PLUG AND ABAND	OON 🗆	REMEDIAL WOR		ALTERING CASIN	IG □
TEMPORARILY ABANDO	N ☐ CHANGE PLANS		COMMENCE DRI	LLING OPNS. [PLUG AND	
PULL OR ALTER CASING				ASING TEST AND		
	COMPLETION		CEMENT JOB			
OTHER:			<u> </u>	IT &TA S		X
	r completed operations. (Clear red work). SEE RULE 1103.					
USE.	. REQUESTS TO TEMPOR					
TD- <u>35</u>	<u></u> РВТD- <u>3688 ′</u>	PERFS-37	<u>88 -3860 '</u>	DKD/CIBP-	<u>(488</u>	
1) NOTIFY -B	LM/NMOCD OF CASING I	NTEGRITY '	rest 24 HRS IN	ADVANCE.		
2) RU PUMP	TRUCK <u>10(13(00</u> , CI 0 <u>540</u> # FOR 30 MIN	RCULATE W	ELL WITH TREAT	TED WATER,	PRESSURE TEST	
CASING T	0 540 # FOR 30 MIN	•	The state of the s	l at Tages		
			103 8200	zaror ramp	Drary 11/12/200	5
			Abandonav	ent expires	orary 11/17/200	<u>.</u> .
I hereby certify that the in	formation above is true and co	mplete to the	best of my knowled	ge and belief.		
SIGNATURE	St		.		DATE_(((o)	<u>&</u>
Type or print name	DAVID STEWART			,	Telephone No.915-685-:	5717
(This space for State use)	ZITID VID WINCI				2.00010101010101000-	J, 1 /
•	•					
APPPROVED BY		TITLE			DATE	