

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-04097
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Northwest Eumont Unit
8. Well Number 158
OGRID Number 19111
10. Pool name or Wildcat Eumont Yates 7 Rivers Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) KB: 3657.5 GL: 3646

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>	
2. Name of Operator Rhombus Operating Co Ltd	
3. Address of Operator P.O. Box 8316 Midland, Tx 79708-8316	
4. Well Location Unit Letter <u>I</u> : <u>1650</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>33</u> Township <u>19S</u> Range <u>36E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) KB: 3657.5 GL: 3646	

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Intend to repair and return well to injection by March 31, 2013.

Circulate packer fluid. Set packer. Test annulus to 500# for 30 minutes while recording on chart recorder.

Spud Date:

Rig Release Date:

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

SIGNATURE Tony Bunch TITLE Foreman DATE 12/14/2012

Type or print name Tony Bunch E-mail address: t48bunch@yahoo.com PHONE: (575)370-4313

For State Use Only

APPROVED BY: Mark Whittem TITLE Compliance Officer DATE 01-03-2013
Conditions of Approval (if any):

JAN 08 2013 *Chm*