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 8240 District III – (575) 748-1283 811 S. First St., Artesia, NM 8240 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874R District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Revised July 18, 2013       WELL API NO.       30-025-05527       5. Indicate Type of Lease       STATE       FEE       6. State Oil & Gas Lease No.
SUNDRY COTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Temporarily	R SUCH East Eumont Unit
2. Name of Operator Oxy USA WTP Limited Partnership	9. OGRID Number 192463
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Eumont Yates/7RVR On
4. Well Location Unit Letter G : 2310 feet from the North line and 1980 feet from the East line Section 33 Township 18-S Range 37-E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710'	
12. Check Appropriate Box to Indicate Na NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK  PLUG AND ABANDON CHANGE PLANS	SUBSEQUENT REPORT OF: REMEDIAL WORK
PULL OR ALTER CASING       MULTIPLE COMPL         DOWNHOLE COMMINGLE       CLOSED-LOOP SYSTEM         OTHER:       TA status extension request	CASING/CEMENT JOB
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.	
Run MI test to gain extension on temporary abando Occidental respectfully requests a TA extension on The East Eumont field was recently purchased in an urrently being evaluated by our reservoir managem TA extension to preserve the wellbore for potential	the East Eumont #2. n acquisition, and is c ent team. Request this future development.
Condition of Approval: notify OCD Hobbs office 24 hours	
prior or	running MIT Test & Chart
Spud Date: Rig Release Dat	e:
I hereby certify that the information above is true and complete to the best SIGNATURE Admin. Type or print name Mendy A. Johnson E-mail address:	
For State Use Only     Mayby Shown TITLE     AO/II     DATE     3/12/2018       APPROVED BY:     Conditions of Approval (if any):     DATE     3/12/2018	
	and the back

NO PROD REPORTED - 14 MONTHS