Office	New Mexico	Form C-103 May 27, 2004
1625 N French Dr., Hobbs, NM 88240		WELL API NO.
1301 W. Glalid Ave, Altesia, 14W 66210	VATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1220 South St. Francis Dr. Santa Fe, NM 87505		STATE S FEE 5. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		. State on & Gas Dease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		NORTHWEST EUMONT UNIT  B. Well Number 116
1. Type of Well: Oil Well Gas Well Other  2. Name of Operator	· www.	O. OGRID Number 19111
RHOMBUS OPERATING CO., LTD.		
3. Address of Operator PO BOX 8316, MIDLAND, TX 79708-8316		0. Pool name or Wildcat EUMONT
PO BOX 8316, MIDLAND, TX 79708-8316  4. Well Location  YATES; 7 Rurs - Queen 2380		
Unit Letter M: 660 feet from the SOUTH line and 660 feet from the WEST line		
Section 14 Township 19S		NMPM LEA County
11. Elevation (Show wh	hether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application □ or Closure □		
		ce from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILL	
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT J	
OTHER:	OTHER: TA	· 🖂
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
REQUEST TA STATUS. CHART IS ATTACHED (WITNESSED BY OCD).		
The American of Temporary / 1/2017		
This Approval of Temporary Abandenment Expires	10C3	
Agailge III.	•	
I harshy cortify that the information shows in the said and the		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE Mabry Knuffer wus	TITLE MANAGER	DATE 05/05/08
Type or print name MABRY KNIFFEN-WINGO E-mail a For State Use Only	ddress: rhombusop@suddenlink	<u>a.net</u> Telephone No. 432-683-8873
M: 100 11 OC PROPERTY STREET,		
APPROVED BY: Mus Uslicans Conditions of Approval (if any):	TITLE SUPERVISOR/GENE	DATE