

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

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

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.)		WELL API NO. 30-025-04086
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Rhombus Operating Co Ltd		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 8316 Midland, Tx 79708-8316		7. Lease Name or Unit Agreement Name Northwest Eumont Unit
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>27</u> Township <u>19S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>137</u> 9. OGRID Number <u>19111</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) KB: 3739.5 GL: 3727		10. Pool name or Wildcat Eumont Yates 7 Rivers Queen

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 January 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:

Marilyn Pitzler

TITLE Compliance Officer

DATE 01-03-2013

Conditions of Approval (if any):

JAN 08 2013

dm