

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. 30-025-04089
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 146
9. OGRID Number 19111
10. Pool name or Wildcat Eumont Yates 7 Rivers Queen

**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  Gas Well  Other Injection  **HOBBS OCD**

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 O : 660 feet from the South        line and 1980 feet from the East        line  
Section 27 Township 19S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
KB: 3687 GL: 3677

DEC 28 2012

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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: Mark Whitaker TITLE Compliance Officer DATE 01-03-2013

Conditions of Approval (if any):

JAN 08 2013 *clm*