Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-05597 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE 🗍 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 F2721 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) East Eumont Unit 1. Type of Well: Oil Well Gas Well Other Injection 8. Well No. 2. Name of Operator 192463 OXY USA WTP Limited Partnership 9. Pool name or Wildcat 3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250 Eumont Yates 7Rvr On 4. Well Location 1980 1980 south west Unit Letter feet from the line and feet from the line Section 15 Township 19S Range **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND **PULL OR ALTER CASING** MULTIPLE COMPLETION CEMENT JOB OTHER: OTHER: MIT - TA Status 12. 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 recompilation. OXY USA WTP LP requests to temporarily abandon this well for possible future use 29303TD-4045' PBTD-3634' Perfs-3984-4003' CIBP-3634 1. Notify BLM/NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 8/19/03, circulate well with treated water, pressure test casing to 550# for 30 min. This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory Analyst SIGNATURE\_

OC DISTRICT SUPERVISOR/GENERAL MANAGER

Conditions of approval, if any:

Type or print name David Stewart

Telephone No. 432-685-5717

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