

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr. 2007
Santa Fe, NM 87505

Received
Hobbs
OCD

WELL API NO. 30-025- 05829
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 82736
Lease Name or Unit Agreement Name: East Eumont Unit
Well Number 102
OGRID Number 192463
Pool name or Wildcat Eumont Yates 7Rvr Qn
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance 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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CIT - TA Status ☒

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.

OXY USA WTP LP requests to temporarily abandon this well for possible future use.

TD- 3950' PBTD- 3662' Perfs- 3782-3866' Pk/CIBP- 3662'

1. Notify NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 7118107, circulate well with treated water, pressure test casing to 500 # for 30 min.

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 David Stewart TITLE Sr. Regulatory Analyst DATE 7/23/07
E-mail address: _____

Type or print name David Stewart

Telephone No. 432-685-5717

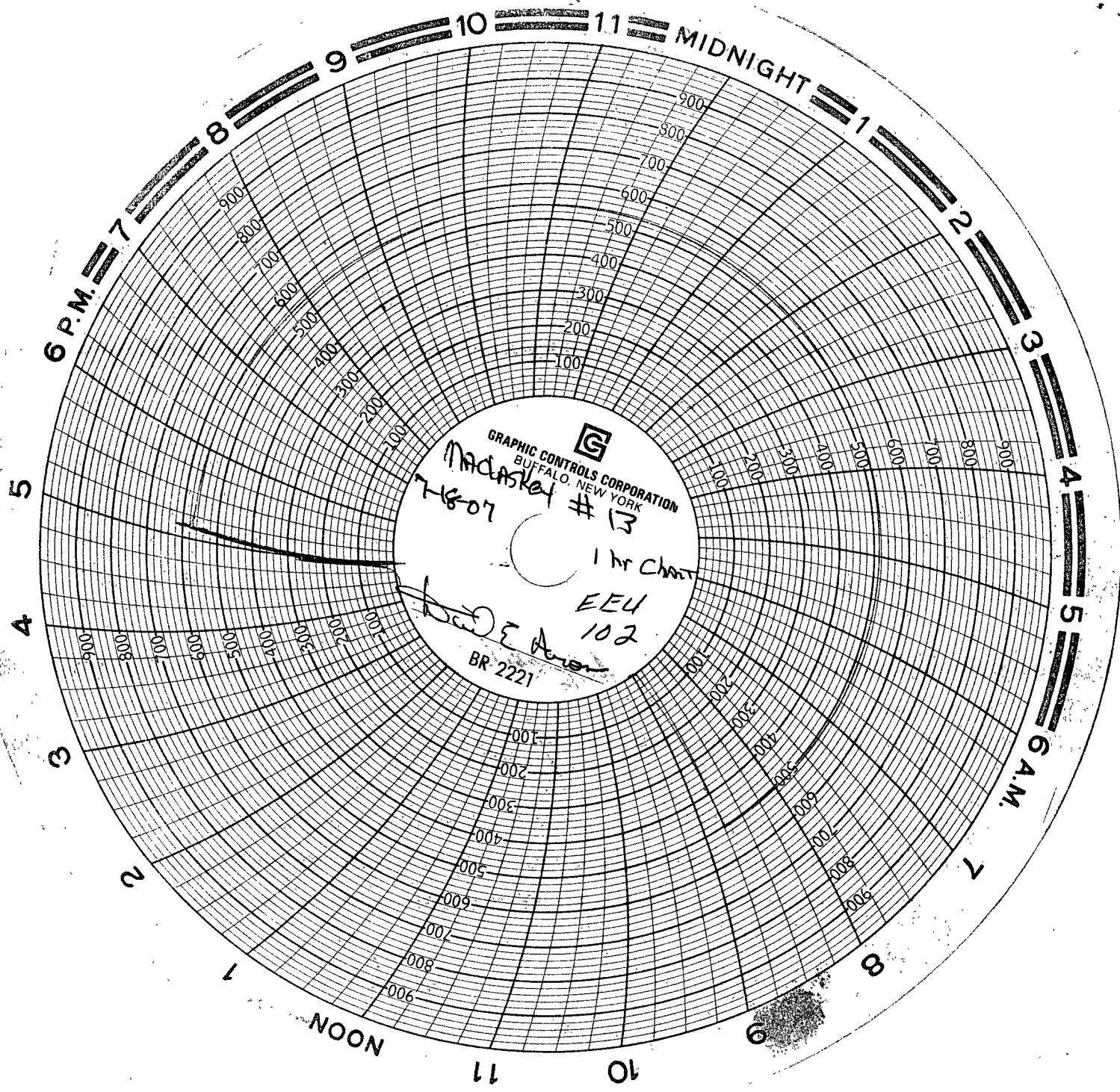
For State Use Only

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Larry W. Wink TITLE _____ DATE JUL 25 2007

Conditions of Approval, if any:

dm



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
MADASKAY #13
7-6-07
1 hr Chart
EEU
102
BR 2221