Submit 3 Copies To Appropriate District State of New Mexico Office Winerals and Natural Resources	Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 87240	May 27, 2004 WELL API NO.
District II OIL CONSEDIVATION DIVISION	30-025-05851
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd. Aztec. NM 87410 District IV Santa Fe, NM 87505	STATE 🗷 FEE 🗌
1220 S St Francis Of Santa P. Sur 17305	6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit Agreement Name: East Eumont Unit
1. Type of Well: Oil Well A Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
OXY USA WTP Limited Partnership	192463
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	10. Pool name or Wildcat Eumont Yates 7Rvr Qn
4. Well Location	
Unit Letter N: 660 feet from the South line and 1980 feet from the west line	
Section \ Township 765 Range 37E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	SEQUENT REPORT OF: ALTERING CASING ING OPNS. PLUG AND
PULL OR ALTER CASING	s A ano
OTHER: OTHER: CIT - TA	Status X
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-3405 PBTD-3672 Perfs-3752-3870 Pkr/CIBP-3672	
1. Notify NMOCD of casing integrity test 24hrs in advance.	
2. RU pump truck <u>2/2c/08</u> , circulate well with treated water, pressure test casing to <u>60</u> # 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 permitor an (attached) alternative OCD-approved plan	
	tory Analyst DATE 2/28/08
Type or print name David Stewart E-mail address: Telephone No. 432-685-5717	
For State Use Only	AMERICANN LT. ES 64 TO CRESSON MACO
APPROVED BY WILL WILLIAM OF DISTRICT SUPERVISOR TITLE TITLE	GENERAL MANAGET MAR 0 6 2008

