Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr , Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

| WELL API NO. |
| 30-025-05849 |

5. Indicate Type of Lease

STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
B935

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

7. Lease Name or Unit Agreement Name:

East Eumont Unit

2. Name of Operator

Oxy USA WTP LP

8. Well No.
118

3. Address of Operator

4008 N. Grimes PMB 269 Hobbs, New Mexico 88240

9. Pool name or Wildcat
Eumont Yates 7RVR-QN

4. Well Location

Unit Letter ____L____ : ____1980____ feet from the ____South____ line and ____660____ feet from the ____West____ line

Section ____1____   Township 20S   Range 37E   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:

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: ☐

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.

All requirements have been met for final abandonment.

RECEIVED

FEB 11 2008

HOBBS OCD

OK! 3-6-08

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE HES Tech _____   DATE 02/06/2008

Type or print name Tony Summers   Telephone No. 575-397-8236

(This space for State use)

APPROVED BY _____   TITLE _____   DATE _____
Conditions of approval, if any: