

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-05600
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2330
7. Lease Name or Unit Agreement Name: East Eumont Unit
8. Well No. 41
9. Pool name or Wildcat Eumont Yates 7Rvr On
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3652'

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 ☐

2. Name of Operator
OXY USA WTP Limited Partnership 192463

3. Address of Operator
P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter E: 1980 feet from the north line and 660 feet from the west line
Section 15 Township 19S Range 37E NMPM County Lea

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 ☐

SUBSEQUENT REPORT OF:

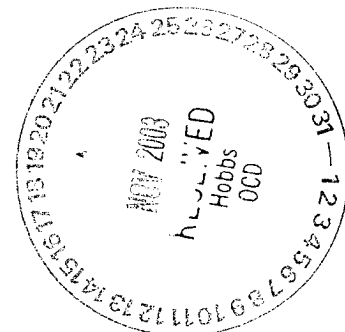
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: MIT ☒

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.

TD-3970' PBDT-3961' Perfs-3779-3951' Pkr-3699'

1. Notify NMOC of casing integrity test 24hrs in advance.

2. RU pump truck 10/27/03, circulate well with treated water, pressure test casing to 510# for 30 min.



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

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 11/17/03

Type or print name David Stewart

Telephone No. 432-685-5717

(This space for State use)

APPROVED BY Gary W. Wink
Conditions of approval, if any:

FILE REPRESENTATIVE II/STAFF MANAGER

DATE

NOV 19 2003

