

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-05527
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	E-7183

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 <u>Injection</u>	7. Lease Name or Unit Agreement Name <u>East Eumont Unit</u> <u>008598</u>
2. Name of Operator <u>OXY USA Inc.</u> <u>16696</u>	8. Well No. <u>2</u>
3. Address of Operator <u>P.O. Box 50250</u> <u>Midland, TX 79710</u>	9. Pool name or Wildcat <u>22800</u> <u>Eumont Yates Sun Rvr Qn</u>
4. Well Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>18S</u> Range <u>37E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3710'</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Replace Tbg. & Test</u> ☒

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.

TD - 4012' PBTI - 4010' Perts 3808 - 3993'

MIRU PU 7/5/95, NDWH, NUBOP. POOTH w/ PKR & Tbg. Found 41 ITS at PRI tbg w/ liner collapsed or ends messed up. Replace w/ cmt lined tbg. RTH w/ Guib G-6 pkr & 2 3/8" CL tbg, test to 3000#, no leaks. Circ w/ pkr fluid, set pkr @ 3752'. Test csg to 500# for 30 min, held OK, RDPu 7/7/95. Put Well back on injection.

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

SIGNATURE David Stewart TITLE Regulatory Analyst DATE 9/7/95
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use) ORIGINAL SIGNED BY DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 11 1995

CONDITIONS OF APPROVAL, IF ANY:

