

Submit 3 Copies  
to Appropriate  
District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER INJECTION	7. Lease Name or Unit agreement Name  EAST EUMONT UNIT
2. Name of Operator OXY USA INC.	8. Well No. 2
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat EUMONT YATES SVN RVR QN
4. Well Location Unit Letter <u>G</u> : <u>2,310</u> Feet From The <u>NORTH</u> Line and <u>1,980</u> Feet From The <u>EAST</u> Line Section <u>33</u> Township <u>18 S</u> Range <u>37 E</u> NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,710

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <u>CONVERT TO INJECTION</u> <input checked="" type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>CONVERT TO INJECTION</u> <input checked="" type="checkbox"/>	

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' PBTD - 4010' PERFS - 3808' - 3993'

MIRU PU, 12/22/93, NDWH NUBOP, RIH & TAG @ 4010'. CHC, PERF ADD'L INTERVAL W/ 2SPF @ 3808-28, 35-43, 51-58, 62-67, 75-83, 87-89, 3902-3920' TOTAL 150 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3736', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 300#, HELD OK, RDPV 1/3/94. PUT WELL ON INJECTION 3/21/94 @ 151BWP @ 700#.

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 06 07 94  
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TCBN

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JUN 3 1954

OGC BUILDING  
OFFICE