

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

WELL API NO. 30 - 025 - 05531

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-153-1/2

**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 ☐ GAS ☐  
WELL ☐ WELL ☐ OTHER INJECTION

2. Name of Operator  
OXY USA INC.

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

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

8. Well No.

6

4. Well Location  
Unit Letter I : 1,980 Feet From The SOUTH Line and 660 Feet From The EAST Line  
Section 33 Township 18 S Range 37 E NMPM LEA County

9. Pool name or Wildcat

EUMONT YATES SVN RVR QN

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3,694

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 ☐  
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.

TD - 4002' PBTD - 4002' PERFS - 3838' - 3999'

MIRU PU, 5/23/9, NDWH NUBOP, POOH W/ TBG & PKR. RIH W/ GUIB G-6 PKR & 2-3/8" TBG, TEST TO 5000# &  
REPLACE 1 JT, CIRC W/ PKR FLUID & SET PKR @ 3782'. NDBOP, NUWH, TEST CSG TO 500#, HELD OK, RDPU  
5/24/94. 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 06 07 94

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

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 10 1994

CONDITIONS OF APPROVAL, IF ANY:

DESIGNED BY JERRY SEXTON  
JERRY SEXTON

APPROVED

DATE: 10/10/10

MANAGEMENT  
OFFICE