

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
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.
30-025-03993

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

NORTHWEST EUMONT UNIT

8. Well No.

103

9. Pool name or Wildcat
EUMONT YATES

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 WIW

2. Name of Operator

RHOMBUS OEPRATING CO., LTD.

3. Address of Operator

P.O. BOX 8316

4. Well Location

Unit Letter O : 660 feet from the South line and 1980 feet from the East line

Section 11 Township 19-S Range 36-E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,748' KB

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.

5-10-00 TAG CIBP - SPOT 25 SXS ON TOP
5-10-00 SPOT 35 SXS @ 2914'-2800'
5-10-00 SPOT 40 SXS @ 1550' - TAG @ 1302'
5-11-00 SPOT 10 SXS @ 30' TO SURFACE
INSTALL DRY HOLE MARKER
CIRCULATE 10# MUD

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

SIGNATURE Mabry Kniffen-Wingo TITLE Manager DATE: July 25, 2000

Type or print name Mabry Kniffen-Wingo

Telephone No. 915-683-8873

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE 10-18-00

Conditions of approval, if any:

[Signature]

[Signature]