Smit 3 Copies To Appropriate District (ice Strict! State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999	
Strict I  25 N. French Dr., Hobbs, NM 87240 istrict II  11 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505		WELL API NO. 30-025-04009  5. Indicate Type of Lease STATE XX FEE  6. State Oil & Gas Lease No.	
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		7. Lease Name or Unit Agreement Nam NORTHWEST EUMONT UNIT	ne:
2. Name of Operator		8. Well No.	
RHOMBUS OPERATING CO., LTD.  3. Address of Operator		9. Pool name or Wildcat	
200 N. LORAINE, SUITE 1270 MIDLAND, TX 79701		EUMONT YATES	
4. Well Location			
Unit Letter C: 660 feet from the North	h line and	1980   feet from the   West   li	ine
Section 14 Township 19-S R		NMPM Lea County	
10. Elevation (Show whether D	PR, RKB, RT, GR, etc	c.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASI  TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND			
,		ABANDONMENT L	
PULL OR ALTER CASING	CASING TEST AN CEMENT JOB	ND	
OTHER:	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.			
1. MIRU - INSTALL BOP - POOH WITH TUBING 2. SPOT 15 SXS ON CIBP - CIR. 9.5# MUD 3. SPOT 25 SXS @ 2900' 4. SPOT 30 SXS @ 1570' 5. SPOT 10 SXS @ SURFACE - INSTALL DRY HOLE MARKER 6. CLEAN LOCATION			
ME COMMISSION MORE AND ALL PARTS OF COMMISSION OF COMMISSI			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
		the GP DATE 12/15/99	_
Type or print name Gregory D. Cielinski		Telephone No.915-683-8	873
(This space for State use)	Programme and the second	**************************************	
APPPROVED BY TITLE Conditions of approval, if any:		DATE	

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