

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-04017

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.
116

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 OPERATING CO., LTD.

3. Address of Operator
P.O. BOX 8316 MIDLAND, TX. 79708-8316

4. Well Location

Unit Letter: M : 660 feet from the SOUTH line and 660 feet from the WEST line

Section 14 Township 19S Range 36E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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: TA ☐

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.

TA WELL. PLEASE SEE ATTACHED CHART.

This Approval of Temporary
Abandonment Expires 9-25-07

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

SIGNATURE MABRY KNIEFEN-WINGO TITLE MANAGER DATE September 19, 2002

Type or print name MABRY KNIEFEN-WINGO

Telephone No. 915-683-8873

(This space for State use)

APPROVED BY GARY W. WINK

TITLE

DATE

SEP 25 2002

Conditions of approval, if any:

OC FIELD REPRESENTATIVE II / STAFF MANAGER