

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.
30-025-04029

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. **#124**

8. 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

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 **H** : **1988** feet from the **NORTH** line and **622** feet from the **EAST** line

Section **22** Township **19-S** Range **36-E** NMPM County **LEA**

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: ☐

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.

Removed flowline from location. 02/04/03 - Greg Cielinski spoke with Gary Wink and agreed that leaving the pumping unit at it's current location would be OK.

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 02/17/03

Type or print name MABRY KNIFFEN-WINGO

Telephone No. 915.683.8873

(This space for State use)

APPROVED BY

Conditions of approval, if any:

Gary W. Wink
TITLE

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

MAR 04 2003
DATE