Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II	or congration buildion		30-025-04033	
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 2040 South Pacheco		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE XX FEE	
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & C	ias Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:	
(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:			NORTHWEST EUMONT UNIT	
Oil Well Gas Well Other WIW			0 31 11 31	
2. Name of Operator RHOMBUS OPERATING CO., LTD.			8. Well No. 126	
3. Address of Operator			9. Pool name or Wildcat	
200 N. LORAINE, SUITE 1270 MIDLAND, TX 79701			EUMONT YATES	
4. Well Location				
Unit Letter K: 1650 feet from the South line and 2323 feet from the West line				
Section 22 Township 19-S Range 36-E NMPM Lea County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,768 KB				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON KX	REMEDIAL WORK	(ALTERING CASING L
TEMPORARILY ABANDON	EMPORARILY ABANDON		LLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID	
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	G		
2. SPOT 15 SXS ON TOP OF CIBP - CIR. 9.5# MUD				
3. SPOT 25 SXS @ 2900' +/- 4. SPOT 30 SXS @ 1600'				
5. SPOT 10 SXS @ SURFACE - INSTALL DRY HOLE MARKER				
6. CLEAN LOCATION				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
	/ Ji	President of	-	- 10 15 66
SIGNATURE	TITLE_	riesident of		DATE_/2-/5-99
	D. Cielinski		Telep	ohone No. 915-683-8873
(This space for State use) . 12 10 10 10 10 10 10 10 10 10 10 10 10 10	FSC//LinvisorA			250 0 0 4000
APPPROVED BY Conditions of approval, if any:	TITLE			<u> ДБСтв² 3 1999</u>