

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. 30-025-04106
5. Indicate Type of Lease STATE FEE X
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

2. Name of Operator
RHOMBUS OEPATING CO., LTD.

3. Address of Operator
P.O. BOX 8316

4. Well Location

Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line
Section 34 Township 19-S Range 36-E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,685' KB

7. Lease Name or Unit Agreement Name:
NORTHWEST EUMONT UNIT

8. Well No.
151

9. Pool name or Wildcat
EUMONT YATES

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 CPNS. ☐ PLUG AND ABANDONMENT X

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 recompletion.

5-17-00 SET CIBP @ 3800' - SPOT 25 SXS ON TOP - TOC 3,700'
5-18-00 SPOT 35 SXS @ 2914' - 2800'
SPOT 35 SXS @ 1612' - 1400'
5-22-00 SPOT 64 SXS @ 372' 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:

ICS [Signature]

[Signature]