| Submit 3 Copies To Appropriate District Office District 1  State of New Mexico Energy, Minerals and Natural Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                           | Form C-103 Revised March 25, 1999                            |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|--------------------------------------------------------------|------------------------|
| 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  OIL CONSERVATIO  1220 South St. Fr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | Francis Dr.               | 5 Indicate Type of Leace                                     |                        |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Santa Fe, N                           |                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           | 7. Lease Name or Unit Agreement Name:  Northwest Eumont Unit |                        |
| 2. Name of Operator Rhombus Operating Co., Ltd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                           | 8. Well No. #16                                              | i5                     |
| 3. Address of Operator P.O. Box 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. Pool name or Wildcat  Eumont Yates |                           |                                                              |                        |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                                                              | 100                    |
| Unit Letter E: 1,980 feet from the North line and 990 feet from the West line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                           |                                                              |                        |
| Section 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Township 19-                          |                           | NMPM                                                         | County <b>Lea</b>      |
| 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:  SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                           |                                                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLUG AND ABANDON                      | REMEDIAL WOR              |                                                              | ALTERING CASING        |
| TEMPORARILY ABANDON [] (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHANGE PLANS                          | COMMENCE DRI              | LLING OPNS.                                                  | PLUG AND 🖂 ABANDONMENT |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MULTIPLE  COMPLETION                  | CASING TEST AN CEMENT JOB | 1D 🗆                                                         | ABANDONMENT            |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           |                                                              |                        |
| 08/07/02 Notified OCD, Sylvia Dickey. MIRU Triple N #25 and plugging equipment. ND wellhead, NU BOP. RIH w/ tbg and tagged CIBP @ 3,700'. RU cementer and circulated hole w/ mud, pumped 25 sx C cmt 3,700 – 3,453'. POOH w/ tubing to 2,822' and circulated mud, pumped 25 sx C cmt 2,822 – 2,575'. POOH w/ tbg. RIH w/ wireline and perforated @ 1,400'. POOH w/ wireline. RIH w/ packer to 1,003'. Loaded hole, set packer, pressured up to 1,500 psi, no rate. POOH w/ packer. RIH w/ tbg to 1,451'. Loaded hole and pumped 25 sx C cmt 1,451 – 1,204'. POOH w/ tbg and WOC 2 hrs. RIH and tagged cmt @ 1,205'. Perforated casing @ 400'. RIH w/ packer to 30'. Loaded hole, set packer, established circulation and squeezed 55 sx C cmt 400 – 168'. SDFN. |                                       |                           |                                                              |                        |
| 08/08/02 Tagged cmt @ 235'. ND BOP and RIH w/ tbg to 235' and circulated 25 sx C cmt 235' to surface. POOH w/ tbg, RDMO to #166.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                                                              |                        |
| 08/09/02 Cut off wellhead and capped well, covered pit and cellar, removed anchors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                           |                                                              |                        |
| hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                           |                                                              |                        |
| SIGNATURE June 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITL                                  | E <u>Engineer</u>         |                                                              | date <u>08/28/02</u>   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Newman, P.E. Triple                   | e N Services, Inc.        | Tele                                                         | phone No. 915-687-1994 |
| (This space for State use) APPPROVED BY Johnson Ro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | linson_TITLE                          |                           |                                                              | CCT 0 5 2002<br>DATE   |
| Conditions of approval, if any:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | MPLIANCE OFFICER          | ,                                                            |                        |
| 6WW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                           |                                                              |                        |

.S