

Submit 3 Copies  
to Appropriate  
District Office

District I  
P.O. Box 1980, Hobbs, NM 88240

District II  
P.O. Drawer DD, Artesia, NM 88210

District III  
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30 - 025 - 05545
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit agreement Name EAST EUMONT UNIT
4. Well Location Unit Letter N : 660 Feet From The SOUTH Line and 1,980 Feet From The WEST Line Section 3 Township 19 S Range 37 E NMPM LEA County		8. Well No. 26
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,669		9. Pool name or Wildcat EUMONT YATES SVN RVR QN

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 ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: RE-ACTIVATE ☒

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.

TD - 4050' PBDT - 4040' PERFS - 3778' - 3950'

MIRU PU, 10/28/93, NDWH NUBOP, RIH & TAG @ 4040', CHC. PERF W/ 2 SPF @ 3778-3800, 08-16, 21-27, 35-47, 50-57, 64-68, 75-3881' TOTAL 144 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ 2-7/8" TBG & SET @ 3950, NDBOP, NUWH, RDPU 11/2/93.

RUPU 2/9/94, RIH W/ 2-1/2"X 1-1/2"X 16' BHD PUMP ON 76 RD STR, RDPU. PUT WELL ON TEST 3/23/94.

NMOCD 24HR POTENTIAL TEST - 11/22/94 - 1-BO 1-BW 6-G 6000-GOR 37.1

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

SIGNATURE: David Stewart TITLE: REGULATORY ANALYST DATE: 12 05 94  
TYPE OR PRINT NAME: DAVID STEWART TELEPHONE NO.: 915 685-5717

(This space for State Use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: DEC 07 1994

CONDITIONS OF APPROVAL, IF ANY: