

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30 - 025 - 05551

5. Indicate Type of Lease
STATE ☐ FEE ☒

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 INJECTION

2. Name of Operator
OXY USA INC.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter C : 273 Feet From The NORTH Line and 2,400 Feet From The WEST Line
Section 4 Township 19 S Range 37 E NMPM LEA County

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No.
12

9. Pool name or Wildcat
EUMONT YATES SVN RVR QN

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,708

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: ☐

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 - 4080' PBD - 4011' PERFS - 3765' - 3950'

MIRU PU, 9/6/94, NDWH NUBOP, POOH W/ TBG, RIH & TAG @ 3890', CO TO 4011'. RIH & TEST TBG TO 8000#, NO LEAKS, SET PKR @ 3666'. FRAC W/ 14000GAL X-LINKED GELLED 2% KCL W/ 20000# 12/20 SAND. SWAB BACK LOAD WATER. RIH W/ GUIB G-6 PKR & 2-3/8" TBG, CIRC HOLE W/ PKR FLUID & SET PKR @ 3687', NDBOP, NUWH. TEST CSG TO 500#, NMOCD NOTIFIED BUT DID NOT WITNESS, RDPU 9/13/94. PUT WELL ON INJECTION 9/14/94 @ 198BWPD @ 0#.

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

SIGNATURE  TITLE REGULATORY ANALYST DATE 10 24 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINN
FIELD REP. II

OCT 26 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: