

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

WELL API NO.	30 - 025 - 05551
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit agreement Name	EAST EUMONT UNIT
8. Well No.	12
9. Pool name or Wildcat	EUMONT YATES SVN RVR QN

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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> 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 <u>C</u> : <u>273</u> Feet From The <u>NORTH</u> Line and <u>2,400</u> <u>4</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>18 S</u> <u>19 S</u> Range <u>37 E</u> NMPM LEA County	
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: CONVERT TO INJECTION <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CONVERT TO INJECTION <input checked="" type="checkbox"/>

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, 11/30/93, NDWH NUBOP, RIH & TAG @ 4011', CHC. PERF ADD'L INTERVAL W/ 2SPF @ 3765-84, 90-99, 3805-09, 16-22, 25-29, 32-36, 50-55, 59-64, 70-3877' TOTAL 144 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH. DUG OUT CELLAR REMOVE & REPLACE 20' 8-5/8" SURF CSG, FILL CELLAR W/ 20yards REDI MIX CONCRETE & CALICHE. RIH & SET RBP @ 2483', PERF 2 SQZ HOLES @ 1620', EIR @ 1-1/2BPM @ 1100#, M&P 150sx CL C TAIL W/ 150sx CL C W/ 3% CACL2, RUN CBL-TOC-36'. RIH & TAG CMT @ 1362' DO CMT, POOH. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3686', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 500#, HELD OK, RDPD 12/11/93. PUT WELL ON INJECTION 3/21/94 @ 91BWPD @ 600#.

R-2901-A

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 06 07 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 14 1994