

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.	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	7. Lease Name or Unit agreement Name EAST EUMONT UNIT
2. Name of Operator OXY USA INC.	8. Well No. 12
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat EUMONT YATES SVN RVR QN
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 19 E</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:

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' PBTD - 4011' PERFS - 3765' - 3950'

MIRU PU, 5/26/9, NDWH NUBOP, POOH W/ TBG & PKR. RIH W/ GUIB G-6 PKR & 2-3/8" TBG, TEST TO 5000#, CIRC W/ PKR FLUID & RESET PKR @ 3686'. NDBOP, NUWH, TEST CSG TO 500#, HELD OK, RDPU 5/26/94. PUT WELL BACK ON INJECTION.

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