**Submit 3 Copies** to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| P.O. Box 1980, Hobbs, NM 88240  P.O. Box 1980, Hobbs, NM 88240  P.O. Box 2088                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WELL API NO. 30 - 025 - 05586                                                                                           |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| District II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5. Indicate Type of Lease                                                                                               |  |  |  |  |
| District III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STATE X FEE                                                                                                             |  |  |  |  |
| 1000RioBrazos Rd.Aztec,NM87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6. State Oil & Gas Lease No.<br>E-6574                                                                                  |  |  |  |  |
| 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"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Lease Name or Unit agreement Name                                                                                    |  |  |  |  |
| (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EAST EUMONT UNIT                                                                                                        |  |  |  |  |
| 1. Type of Well: OIL GAS THE G |                                                                                                                         |  |  |  |  |
| WELL OTHER INJECTION  2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |  |  |  |  |
| OXY USA INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. Well No. 30                                                                                                          |  |  |  |  |
| 3. Address of Operator P.O. Box 50250 Midland, TX 79710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9. Pool name or Wildcat                                                                                                 |  |  |  |  |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EUMONT YATES SVN RVR QN                                                                                                 |  |  |  |  |
| C NOTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Feet From The WEST                                                                                                      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Feet From The Line                                                                                                      |  |  |  |  |
| Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NMPM LEA County                                                                                                         |  |  |  |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3,660                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |  |  |  |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |  |  |  |  |
| Propriate Box to inclodic Nature of Notice, nepol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rt, or Other Data                                                                                                       |  |  |  |  |
| NOTICE OF INTERPOLATION TO INDICATE OF NOTICE, REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |  |  |  |  |
| NOTICE OF INTERPOLATION TO INDICATE OF NOTICE, REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | QUENT REPORT OF:                                                                                                        |  |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK    NOTICE OF INTENTION TO:    SUBSEMPLIES DO NOTICE, REPORT   SUBSEMPLIES DO NO | QUENT REPORT OF:                                                                                                        |  |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | QUENT REPORT OF:                                                                                                        |  |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK    PLUG AND ABANDON    CHANGE PLANS    COMMENCE DRILLING CASING TEST AND CEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | QUENT REPORT OF:                                                                                                        |  |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK  TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING  PULL OR ALTER CASING CASING TEST AND CEM  OTHER: CONVERT TO WATER INJECTION X OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QUENT REPORT OF:  ALTERING CASING  OPNS.  PLUG AND ABANDONMENT  ENT JOB                                                 |  |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK  TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING  PULL OR ALTER CASING CASING TEST AND CEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | QUENT REPORT OF:  ALTERING CASING  OPNS.  PLUG AND ABANDONMENT  ENT JOB                                                 |  |  |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK  TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING  PULL OR ALTER CASING CASING TEST AND CEM  OTHER: CONVERT TO WATER INJECTION THER:  12.Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | QUENT REPORT OF:  ALTERING CASING  OPNS.  PLUG AND ABANDONMENT  ENT JOB  Auding estimated date of starting any proposed |  |  |  |  |

| I hereby certify that the inf   | ormation above is true and complete to the best of my knowled | ige and be | lef.               | 1 0 101                    |
|---------------------------------|---------------------------------------------------------------|------------|--------------------|----------------------------|
| SIGNATURE                       | fullet                                                        | _ TITLE    | REGULATORY ANALYST | DATE 11 23 93              |
| TYPE OR PRINT NAME              | DAVID STEWART                                                 |            |                    | TELETHONE NO. 915 685-5717 |
| (This space for State Use)      | ORIGINAL SIGNED BY JERRY SEXTON                               |            |                    |                            |
| APPROVED BY                     | DISTRICT I SUPERVISOR                                         | MLE        |                    | DEC 13 1993                |
| CONDITIONS OF APPROVAL, IF ANY: |                                                               |            |                    |                            |

- 1.) MIRU pulling unit. ND WH, NU BOP.
- 2.) TIH w/ 4 7/8" RB and DC's on 2 7/8" tubing and tag CIBP @ 3754'. Drill out CIBP and CO wellbore to 4000'. TOOH w/ RB, DC's and tbg.
- 3.) RU wireline. Set CIBP @ 3970' and dump 2 sx cmt on top of CIBP. Run GR/CCL log from new PBTD to minimum depth. Perforate Penrose formation (3768' 3857') w/ premium charges 2 JSPF at the following depths (3768' 71', 3778' 90', 3797' 3806', 3811' 17', 3822' 38', 3851' 3857') Total of 116 shots. Depth reference log Welex Radioactivity log dated August 2, 1956.
- 4.) TIH w/ treating pkr on 2 7/8" tbg and set pkr € ± 3670'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs (3768' 3960') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing bensole acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3690'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.