

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 - 05588
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-6574
7. Lease Name or Unit agreement Name	EAST EUMONT UNIT
8. Well No.	32
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 WELL <input type="checkbox"/> GAS 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>E</u> : <u>1,980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>10</u> Township <u>19 S</u> Range <u>37 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,666	

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: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO INJECTION ☒

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 - 4020' PBDT - 4010' PERFS - 3773' - 3940'

MIRU PU, 10/15/93, NDWH NUBOP, RIH & TAG @ 4009', CHC. PERF ADD'L INTERVAL W/ 2SPF @ 3773-75, 79-95, 3802-10, 15-22, 31-39, 52-56, 65-3875' TOTAL 124 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3702', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 500#, RDPD 10/21/93. PUT WELL ON INJECTION 3/21/94 @ 64BWPD @ 449#.

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 JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 10 1994

CONDITIONS OF APPROVAL, IF ANY:

TC BA