Submit 3 Copies to Appropriate **District Office**

1. Type of Well:

4. Well Location

2. Name of Operator

3. Address of Operator

District I

State of New Mexico Energy, Minerals and Natural Resources Department

| Appropriate istrict Office | Energy, Minerals and Natura | al Resources Department | | | Form C-103 Revised 1-1-89 |
|--|--|------------------------------|---|-------------------|------------------------------|
| <u>istrict </u> .O. Box 1980, Hobbs, NM 88240 <u>istrict </u> | OIL CONSERVA P.O. Box | c 2088 | WELL API NO | . 30 - 02 | 5 - 05591 |
| .O.Drawer DD,Artesia, NM 88210 istrict III | Santa Fe, New Me | xico 87504-2088 | 5. Indicate Type | STATE | X FEE |
| 000RioBrazos Rd.Aztec,NM87410 | | | 6. State Oil & Ga B-2209 | is 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 RESER | VOIR. USE *APPLICATION FOR 101) FOR SUCH PROPOSALS.) | R PERMIT" | 7. Lease Name o | or Unit agreement | Name |
| . Type of Well: OIL GAS WELL WELL | OTHER I | NJECTION | EAST EUM | TINU TNC | |
| Name of Operator OXY USA INC | | | 8. Well No. | 35 | |
| Address of Operator P.O. Box 50250 Midland, TX 79710 | | | 9. Pool name or Wildcat EUMONT YATES SVN RVR QN | | |
| Well Location | | | | | |
| Unit Letter K : 1,980 | Feet From The SOUTH | Line and1,98 | O Feet Fro | m The WES | STLine |
| Section 10 | Township 19 S | Range 37 E | NMPM | LEA | County |
| | 10. Elevation (Show wh | ether DF, RKB, RT, GR, etc.) | | | |

| Section 10 | Township 19 S | F | Range 37 E | NMPM | LEA | County |
|----------------------------------|------------------------------------|---------------|-------------------------|----------------------|------------------------|----------|
| | 10. Elevation 3,6 | | er DF, RKB, RT, GR, etc | c.) | | |
| 11. Che | ck Appropriate Box to In | dicate Na | ature of Notice, F | Report, or Othe | er Data | |
| NOTICE OF | INTENTION TO: | - | SUE | SEQUENT | REPORT O | F: |
| PERFORM REMEDIAL WORK | X PLUG AND ABANDO | ON | REMEDIAL WORK | × | ALTERING CASI | NG |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRIL | LING OPNS. | PLUG AND ABAN | IDONMENT |
| PULL OR ALTER CASING | | | CASING TEST AND | CEMENT JOB | | |
| OTHER: CONVERT TO INJE | CTION | X | OTHER: CONVE | RT TO INJECTI | ON | X |
| 12.Describe Proposed orCompleted | Operations (Clearly state all perf | inent details | and nive pertinent dat | as neludina astimati | d date of starting any | |

work) SEE RULE 1103.

TD - 4070'

PBTD - 4030'

PERFS - 3835' - 4018'

MIRU PU, 10/19/93, NDWH NUBOP, RIH & TAG @ 4002'. CO TO 4030', CHC, TEST CSG TO 500#, HELD OK. PERF ADD'L INTERVAL W/ 2JSPF @ 3835-38, 42-61, 70-79, 88-3891, 3901-17, 26-33, 41-50, 55-3961' TOTAL 160 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3791', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 560#, HELD OK, WITNESSED BY M. McWILLIAMS-NMOCD, RDPU 10/22/93. SHUT-IN PENDING WATER INJECTION LINE.

| | | | R-2901 |
|---|------------------------|--------------------|----------------------------|
| I hereby certify that the information above is true and complete to the best of m | ny knowledge and belie | f. | |
| SIGNATURE (MASSE) | TITLE _ | REGULATORY ANALYST | DATE 11 30 93 |
| TYPE OR PRINT NAME DAVID STEWART | | | TELEPHONE NO. 915 685-5717 |
| (This space for State Use) ORIGINAL SIGNED BY JERRY SEX DISTRICT ! SUPERVISOR | TON | | |
| APPROVED BY | TITLE | | BJEC 1 3 3003 |

CONDITIONS OF APPROVAL, IF ANY:

RNI