

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- 05594

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E2721

7. Lease Name or Unit Agreement Name
East Eumont Unit
008598

8. Well No. 44

9. Pool name or Wildcat
Eumont Yates 7 Rvr Qn 022800

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
OXY USA Inc. 16696

3. Address of Operator
P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 15 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.

EAST EUMONT UNIT #44

MIRU PU 5/5/98, NDWH, NUBOP. RIH & TAG CIBP @ 3678', SHOULD HAVE BEEN @ 3800', REC VERBAL APPR NMOC-D. GRIFFIN TO LEAVE CIBP @ 3678'. SPOT 167sx CL C CMT FROM 3678-2394', POOH TO 2394'. SPOT 167sx CL C CMT FROM 2394-1110', POOH TO 1110'. SPOT 167sx CL C CMT FROM 1110-SURFACE, POOH, ND BOP. SPOT 10sx CL C CMT SURFACE PLUG. RDPD 5/6/98, DUG OUT CELLAR, INSTALL DRY HOLE MARKER. NMOC-D NOTIFIED & REVIEWED PLUGGING PROCEDURE W/ JACK GRIFFIN.

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 7/8/98

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY Johnny Robinson DATE 7/8/98

CONDITIONS OF APPROVAL, IF ANY:

TC 7/10/98 dp