

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO. 30 - 025 - 05602

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-2330

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.)

7. Lease Name or Unit agreement Name

1. Type of Well:
OIL WELL GAS WELL OTHER INJECTION

EAST EUMONT UNIT

2. Name of Operator
OXY USA INC.

8. Well No. 39

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 C : 660 Feet From The NORTH Line and 1,980 Feet From The WEST Line
Section 15 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,667

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER: CONVERT TO INJECTION

PLUG AND ABANDON
CHANGE PLANS
REMEDIAL WORK
COMMENCE DRILLING OPNS.
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 - 4011' PBD - 4005' PERFS - 3845' - 3998'

MIRU PU, 10/19/93, NDWH NUBOP, RIH & TAG @ 3993', CHC TO 4005'. PERF ADD'L INTERVAL W/ 2SPF @ 3845-48, 56-73, 81-91, 3914-28, 32-34, 38-42, 49-61, 66-3970' TOTAL 158 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3772', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 500#, RDPW 10/22/93. PUT WELL ON INJECTION 3/21/94 @ 26BWPD @ 500#.

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 JUN 10 1994

CONDITIONS OF APPROVAL, IF ANY:

TO BN

da