

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- 05605                                                         |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | B243                                                                   |
| 7. Lease Name or Unit Agreement Name | East Eumont Unit<br>008598                                             |
| 8. Well No.                          | 43                                                                     |
| 9. Pool name or Wildcat              | Eumont Yates 7 Rvr Qn<br>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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Inject</u> | 2. Name of Operator<br>OXY USA Inc. |
| 3. Address of Operator<br>P.O. Box 50250 Midland, TX 79710-0250                                                        | 16696                               |

|                                                                                                                                                                                                                |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 4. Well Location<br>Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line<br>Section <u>16</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County | 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3699'</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                |                                           |                                                     |                                                          |
|------------------------------------------------|-------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>                 |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: <input type="checkbox"/>           | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <input type="checkbox"/>                          |

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 #43

MIRU PU 1/8/99, NDWH, NUBOP. RIH & TAG @ 3521', CH W/ 10# MUD, SPOT 10sx CL C CMT. POOH TO 2850', SPOT 25sx CL C CMT. POOH TO 1687', SPOT 25sx CL C CMT, POOH. RIH, PERF CSG @ 365', EIR @ 2%BPM @ 200#, M&P 149sx CL C CMT, CIRC CMT TO SURF BETWEEN 5-1/2" & 8-5/8" & FILL 5-1/2" CSG. ND BOP. RDPV 1/8/99. NMOCN NOTIFIED BUT DID NOT WITNESS.

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 1/26/99  
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY Johnny Robinson TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_