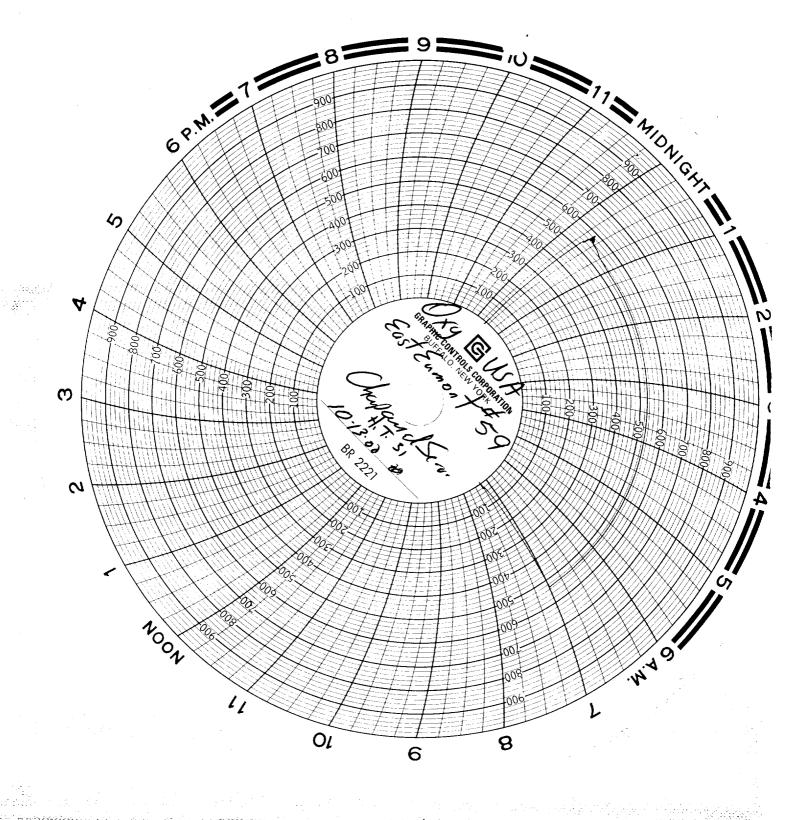
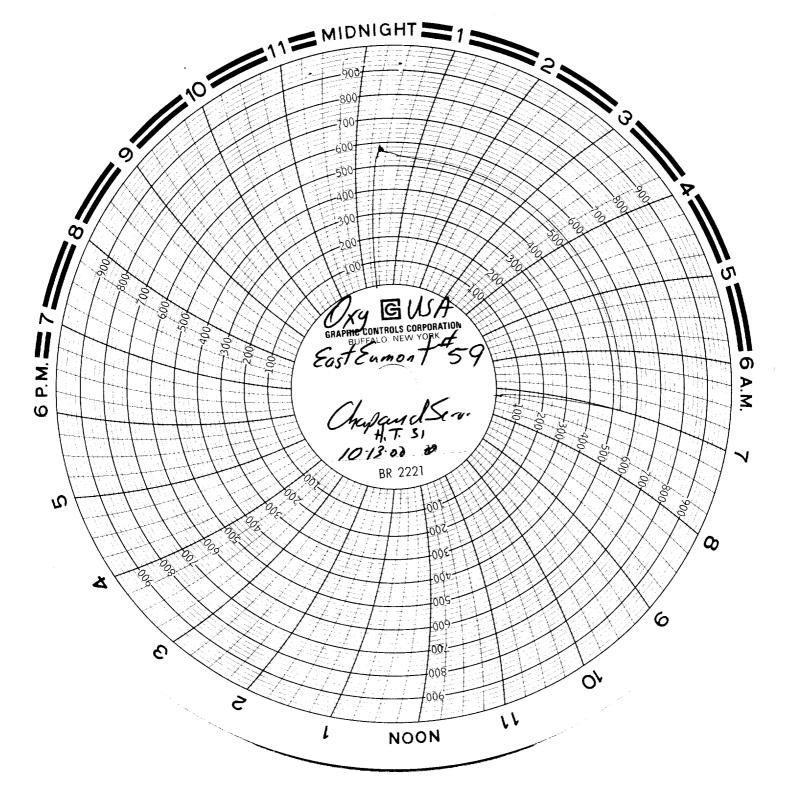
State of New N	Tom C-103
District I Energy, Minerals and Na 1625 N. French Dr., Hobbs, NM 88240	tural Resources Revised March 25, 1999 WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATIO	N DIVISION 30-025- 05681
District III 2040 South Pa	checo 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM	STATE STATE
2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS 7 Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR F DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101)	LUG BACK TO A
PROPOSALS.) 1. Type of Well:	EAST EUMONT UNIT
Oil Well Gas Well Other	2.151 BOMOTOT OTT
2. Name of Operator	8. Well No.
OXY USA Inc.	16696 S9
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 50250 MIDLAND, TX 79710 4. Well Location	-0250 EUMONT YATES 7RVR-QN
4. Wen Location	
Unit Letter N : 660 feet from the South line and 1980 feet from the West line	
Section 22 Township 195 Range 37E NMPM County LEA	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	OTHER: MIT & TA Status
12. Describe proposed or completed operations. (Clearly state all pertinent details and give pertinent dates including actions 11.	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FOR POSSIBLE FUTURE USE.	
TD-3971 / PBTD-3735 / PERFS-3635 - 3971 / DKR/CIBP-3735 /	
1) NOTIFY BIM/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.	
2) RU PUMP TRUCK 10130, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST	
CASING TO 530 # FOR 30 MIN.	
	This Approval of Temporary ///17/2005 Abandonment Expires
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE	REGULATORY ANALYST DATE LI (10)
Type or print name DAVID STEWART	Tolonkov N. O. Co.
(This space for State use) Telephone No.915-685-5717	
APPPROVED BY	
Conditions of approval, if any:	DATE





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