

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- 05682                                                         |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | B2277                                                                  |
| 7. Lease Name or Unit Agreement Name | East Eumont Unit<br>008598                                             |
| 8. Well No.                          | 53                                                                     |
| 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u> | 2. Name of Operator<br>OXY USA Inc.<br>16696                                                                                                                                                                    |
| 3. Address of Operator<br>P.O. Box 50250 Midland, TX 79710-0250                                                | 4. Well Location<br>Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line<br>Section <u>22</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea Country |
| 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:                                                       | SUBSEQUENT REPORT OF:                                                 |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                              |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                      |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                         |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>                   |
|                                                                               | OTHER: <u>MIT &amp; TA STATUS</u> <input checked="" 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.

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.

TD-3974 / PBTD- / PERFS-3754-3918 / PKR/CIBP-3654 /

1) NOTIFY ~~BLM~~/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK 8/11/98, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 500 # FOR 30 MIN.

This Approval of Temporary  
Abandonment Expires 8/31/2003

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 8/24/98  
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY Chris Williams DISTRICT SUPERVISOR TITLE DATE AUG 31 1998

CONDITIONS OF APPROVAL, IF ANY:

JP 65N

