Submit 3 Copies To Appropriate District Office District I	State of New l Energy, Minerals and Na			Form C-10 Revised March 25, 199	
1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	OIL CONSERVATION 2040 South P Santa Fe, NM	acheco	5. Indicate Typ STATE 6. State Oil & G	0-025-05698 e of Lease 上 FEE	n ettere
	CES AND REPORTS ON W		f	or Unit Agreement Name:	- *
(DO NOT USE THIS FORM FOR PROPIDIFFERENT RESERVOIR. USE "APPLIED PROPOSALS.) 1. Type of Well: Gas Well Gas Gas Well Gas Gas Well Gas Gas	OSALS TO DRILL OR TO DEEPE CATION FOR PERMIT" (FORM C- Other	N OH PLUG BACK TO A -101) FOR SUCH	East Eumont U	Unit	
2. Name of Operator	Ottlei		8. Well No.		-: -
OXY USA WTP Limited Partners	ship	19246		רז	
3. Address of OperatorP.O. Box 50250 Midland, TX4. Well Location			9. Pool name or Eumont Yates		: :
Unit Letter N:	feet from the 50	utn_ line and_ l	180 feet 1	from the west line	;
Section 27	Township 19	Range 37	NMPM	County Lea	_
	10. Elevation (Show whether	er DR, RKB, RT, GR, et	c.)		S. Contraction of the Contractio
11 Check	Appropriate Box to Indica	te Nature of Notice	Penart or Oth	per Doto	Ě
NOTICE OF INTI			SEQUENT R		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	SEQUEIVI N T	ALTERING CASING	П
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER: MIT - TA	Status		
 Describe Proposed or Complete of starting any proposed work). or recompilation. 					-
OXY USA WTP LP requests to	temporarily abandon thi	s well for possible	future use.		
TD- <u>35∞</u> PBTD- <u>35</u>	18' Perfs-3698	-3639 Pkr/CIB	P- 3598	<i>!</i> ;	
1 Notify BLM/NUOCD of and	dan datamatki tant OAkun				
 Notify BLM/NMOCD of case 	sing integrity test 24nrs	in advance.		ED ,ED	
2. RU pump truck <u>1/2103</u> to <u>530</u> # for 30 m		reated water, press	ure test casin	a OCD Hopps	
	This Approva Abandonment (l of Temporary Expires	3/4/08		
I hereby certify that the information above	is true and complete to the best o	f my knowledge and belief			
SIGNATURE On State	TIT	LE Sr. Regulatory A	nalyst	DATE 2(25/03	
Type or print name David Stewart	On	· .	Telep	hone No. 915-685-5717	
(This space for State use)	<u> </u>	ELD REPRESENT	<u> </u>		
SAPPROVED BY Have Wil	Vink Tr	TLE	E IL/STAFF MAN	Res MARY 0 1 2383	
Conditions of approval, if any				- -	

