Office Submit 3 Copies To Appropriate District	State of New Mexico	Form C-1
District I	Energy, Minerals and Natural Resources	Revised March 25, 19
1625 N. French Dr., Hobbs, NM 87240 District II		WELL API NO.
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION	30-025- 0569
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco	5. Indicate Type of Lease
District IV	Santa Fe, NM 87505	STATE FEE
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.
I (DO NOT USE THIS FORM FOR PROP	CES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT* (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well Gas Well	Other Injection	East Eumont Unit
2. Name of Operator	- Carlo Eule Etion	0 77 11 27
OXY USA WIP Limited Partner	Ship	8. Well No.
3. Address of Operator	1924	
P.O. Box 50250 Midland, TX 4. Well Location	79710-0250	9. Pool name or Wildcat Eumont Yates 7Rvr On
4. Well Location		<u> </u>
Unit Letter:	1980 feet from the worth line and	1980 feet from the east line
Section 27	Township 195 Range 37E	NMPM County Tea
	10. Elevation (Show whether DR, RKB, RT, GR, e	NMPM County Lea
11 Check	Appropriate Roy to Indicate Nature CAV	
NOTICE OF INT	Appropriate Box to Indicate Nature of Notice	
PERFORM REMEDIAL WORK		SSEQUENT REPORT OF:
LIN ON MENTENIEDIAE WORK	PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILL	
PULL OR ALTER CASING	MULTIPLE CASING TEST AND CEMENT JOB	ABANDONMENT
OTHER:	_	T. T. 1
12 Describe Proposed on Complete	OTHER: M	T&TA Status
of starting any proposed work). or recompilation.	d Operations (Clearly state all pertinent details, and gisse RULE 1103. For Multiple Completions: Attach	ive pertinent dates, including estimated date wellbore diagram of proposed completion
OXY USA WIP LP requests to	temporarily abandon this well for possible	future use
TD- 3871 PBTD- 38	<u> </u>	•
	NO 3512 PRI/em	P5*[34
	ing integrity test 24hrs in advance.	
2. RU pump truck 5(8)02	, circulate well with treated water, pressu	
to 540 # for 30 m	in.	ure test casing
	•	
	Conditional of Temporary 6	
	Sadminant Expires 6	14107
		The state of the s
I hereby certify that the information above is	true and complete to the best of my knowledge and belief.	
SIGNATURE Va ST		(,
STORYTON:	TITLE Sr. Regulatory Ar	DATE 6/7/02
Type or print name David Stewart		Talanhara Na
(This space for State use)	ONGWAL MONED BY	Telephone No. 915-685-5717
,	ONIGHTAL SIGNED BY GARY W. WINK OCFIELD REPRESENTATIVE II/S	TAFF MANAGER
APPROVED BY	OC FIELD REPRESENTATIVE II/3	TAFF MANA JUN 1 1 2002
conditions of approval, if any:	001,	DATE.

