Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources District 1 Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II OIL CONSERVATION DIVISION <u>30-025- 0570(</u> 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 STATE 🔀 FEE District IV 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. Bayler SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) East Eumont Unit 1. Type of Well: Oil Well Gas Well G Other Tujection 2. Name of Operator 8. Well No. OXY USA WIP Limited Partnership 64 19246 3. Address of Operator 9. Pool name or Wildcat P.O. Box 50250 Midland, TX 79710-0250 Eumont Yates 7Rvr On 4. Well Location : 660 feet from the worth line and 1980 feet from the west Unit Letter Section Township 195 Range 37E **NMPM** County 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 CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION CEMENT JOB OTHER: OTHER: MIT &TH Status X 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. OXY USA WIP LP requests to temporarily abandon this well for possible future use. PBTD- 3885 Perfs-3829-3572 1. Notify NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 8 circulate well with treated water, pressure test casing # for 30 min. Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. \_ TITLE Sr. Regulatory Analyst Type or print name David Stewart Telephone No. 915-685-5717 (This space for State use) ORIGINAL SIGNED BY GARY W. WINK OF THE REPRESENTATIVE HIGHARD MARIAGET JUN 1 1 2002 APPROVED BY\_ Conditions of approval, if any:

