

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30- 025- 05703

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E 6888

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:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
OXY USA Inc. 16696

7. Lease Name or Unit Agreement Name
East Eumont Unit
008598

3. Address of Operator
P.O. Box 50250 Midland, TX 79710-0250

8. Well No.
69
9. Pool name or Wildcat
Eumont Yates 7 Rvr Qn 022800

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 27 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3611

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

EEU #69

TD-3950' PBTD-3915' PERFS-3766-3851' CIBP-3665'

8-5/8" 24# CSG @ 318' W/ 200sx, 11" HOLE, TOC-CIRC

5-1/2" 14# CSG @ 3950' W/ 1550sx, 7-7/8" HOLE, TOC-920'-TS

1. RIH & TAG CIBP @ 3665', DUMP 20sx CMT TO 3519'

2. M&P 20sx @ 2828-2682'

3. M&P 20sx @ 1511-1365'

4. PERF & SQZ @ 368', M&P 35sx CMT TO 268'

5. M&P 10sx CMT SURFACE PLUG

10# MLF BETWEEN PLUGS

THE OPERATOR MUST BE NOTIFIED 24
HOURS PRIOR TO THE COMMENCEMENT OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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 10/13/98

TYPE OR PRINT NAME

David Stewart

TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OXY USA INC. PROPOSED
EAST EUMONT UNIT #69
SEC 27 T19S R37E LEA NM

