Submit 3 Copies to Appropriate District Office District |

State of New Mexico , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

05822

WELL API NO.

District II	P.O. BOX 2088	00 - 023 - 03822
P.O.Drawer DD, Artesia, NM 88210 Santa F	Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
District III		
1000RioBrazos Rd.Aztec,NM87410		6. State Oil & Gas Lease No. E-274
SUNDRY NOTICES AND RE		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRI DIFFERENT RESERVOIR. USE "APPI		7. Lease Name or Unit agreement Name
(FORM C-101) FOR SUCH		
1. Type of Well: OIL GAS		EAST EUMONT UNIT
WELL X WELL	OTHER	
2. Name of Operator OXY USA INC.		8. Well No. 84
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 50250 Midland, T	TX 79710	EUMONT YATES SVN RVR QN
4. Well Location	NORTH) sasara Bast in
Unit Letter B : 660 Feet From The	NORTH Line and 1,980	Feet From The EAST Line
Section 34 Township 1	9 S Range 37 E	NMPM LEA County
10. Elev	ation <i>(Show whether DF, RKB, RT, GR, etc.)</i> 3,606	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
<u> </u>		X ALTERING CASING
PERFORM REMEDIAL WORK A PLUG AND A		
TEMPORARILY ABANDON CHANGE PL	ANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB
OTHER:	OTHER: RE-ACTIVA	TE X
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, ncluding estimated date of starting any proposed		
work) SEE RULE 1103.		
TD - 3899' PBTD - 3854' PERFS - 3686'-3836'		
ID - 3899 PBID - 3694 PERFS - 3000 -3630		
MIRU PU 7/26/93, NDWH,NUBOP, RIH & TAG @ 3597'. CO IRON SULFIDE & JUNK TO 3854'. RIH W/ RBP @ SET @		
3637', TEST CSG, POOH W/ RBP. RIH W/ 2-3/8" TBG & SET @ 3821'. RIH W/ 2"X 1-1/2"x 16' BHD PUMP ON 66-RD STR.		
RD BOP, NUWH, RDPU 8/5/93. INSTALL PORT PU, HOOK UP TEST TANK & START TESTING 8/7/93.		
NMOCD 24HR POTENTIAL TEST - 9/27/93 - 8-BO 76-BW GAS-TSTM 36.0		
NMOCD 24HR POTENTIAL TEST - 9/27/95 - 8-BO 70-BW GAS-TOTM 50.0		
Thereby certify that the information above is true and complete to the t	best of my knowledge and belief.	
0/01		ANALYST DATE 10 14 93
SIGNATURE DAVID STEWART	TIMLE REGULATORY	TICTIONEND
TYPEORPRINTNAME DAVID STEWART		915 685-5717
(This space for State Use)		
ORIGINAL SIGNED BY JERRY DISTRICT I SUPERVIS	OR	00T 4 0 1003
APPROVED BY DISTRICT I SOPER VIS		<u> </u>

3 × 1993