

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO.
30- 025- 05837

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
85553

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

8. Well No.
101

9. Pool name or Wildcat
Eumont Yates 7 Rvr Qn 022800

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 Water Injection

2. Name of Operator
OXY USA Inc. 16696

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

4. Well Location
Unit Letter 0 : 760 Feet From The South Line and 1980 Feet From The East Line
Section 35 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether DF, 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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: <u>MIT - TA STATUS</u> ☒	

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.

EAST EUMONT UNIT #101

TD-3900' PBTD-3895' PERFS-3794-3818' CIBP-3705'

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.

MIRU PU 6/16/97, NDWH, NUBOP. REL PKR & POOH W/ PKR & TBG. RIH W/ CIBP & SET @ 3715', CH W/ FW, TEST TO 500#, CSG BLED OGG IN 15sec, POOH. RIH W/ PKR, TEST CIBP TO 500#, LEAKED, POOH W/ PKR & CIBP. RIH W/ CIBP & SET @ 3705', CH W/ PKR FLUID, TEST CSG TO 500#, OK. NDBOP, NUWH, RDPU 6/18/97. RU PUMP TRUCK 9/17/97, PRESSURE TEST CASING TO 520# FOR 30 MIN. NMOCN NOTIFIED BUT DID NOT WITNESS.

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 10/9/97
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)
ORIGINAL DAVID S. WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 23 1997

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary
Abandonment Expires 10/23/2000

mf

