Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30- 025- 05844

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E5674

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.)

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

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 99

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

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

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 36 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3604'

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 [X]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		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.

EAST EUMONT UNIT #99

MIRU PU 1/5/99, NDWH, NUBOP. RIH & TAG CIBP @ 3500', CH W/ 10# MUD, SPOT 25sx CL C CMT. POOH TO 2823', SPOT 25sx CL C CMT. POOH TO 1473', SPOT 25sx CL C CMT, POOH. RIH, PERF CSG @ 360', EIR @ 3BPM @ 180#, M&P 135sx CL C CMT W/ 2% $CaCl_2$, CIRC CMT TO SURF BETWEEN 5-1/2"& 8-5/8" & FILL 5-1/2" CSG. ND BOP. RDPU 1/5/99. NMOCD 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 1/26/99

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY [signature] TITLE Fld Rep DATE 2-21-01

CONDITIONS OF APPROVAL, IF ANY:

ICGGWW

dp