

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

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.
30-025-05861

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
82657

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

8. Well No.
121

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 ☐ GAS ☐ 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 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 2 Township 20S Range 37E NMPM Lea Country

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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CIT - TA STATUS ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

TD - 3849 PBTD - — PERFS - 3700-3816 PKR/~~GIDP~~ - 3607

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

This Approval of Temporary
Abandonment Expires 6/17/2000

1) NOTIFIED BLM/NMOC D OF CASING INTEGRITY TEST.

2) RU PUMP TRUCK 4/17/97, PRESSURE TEST CASING TO 520 #
FOR 30 MIN.

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 6/12/97
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

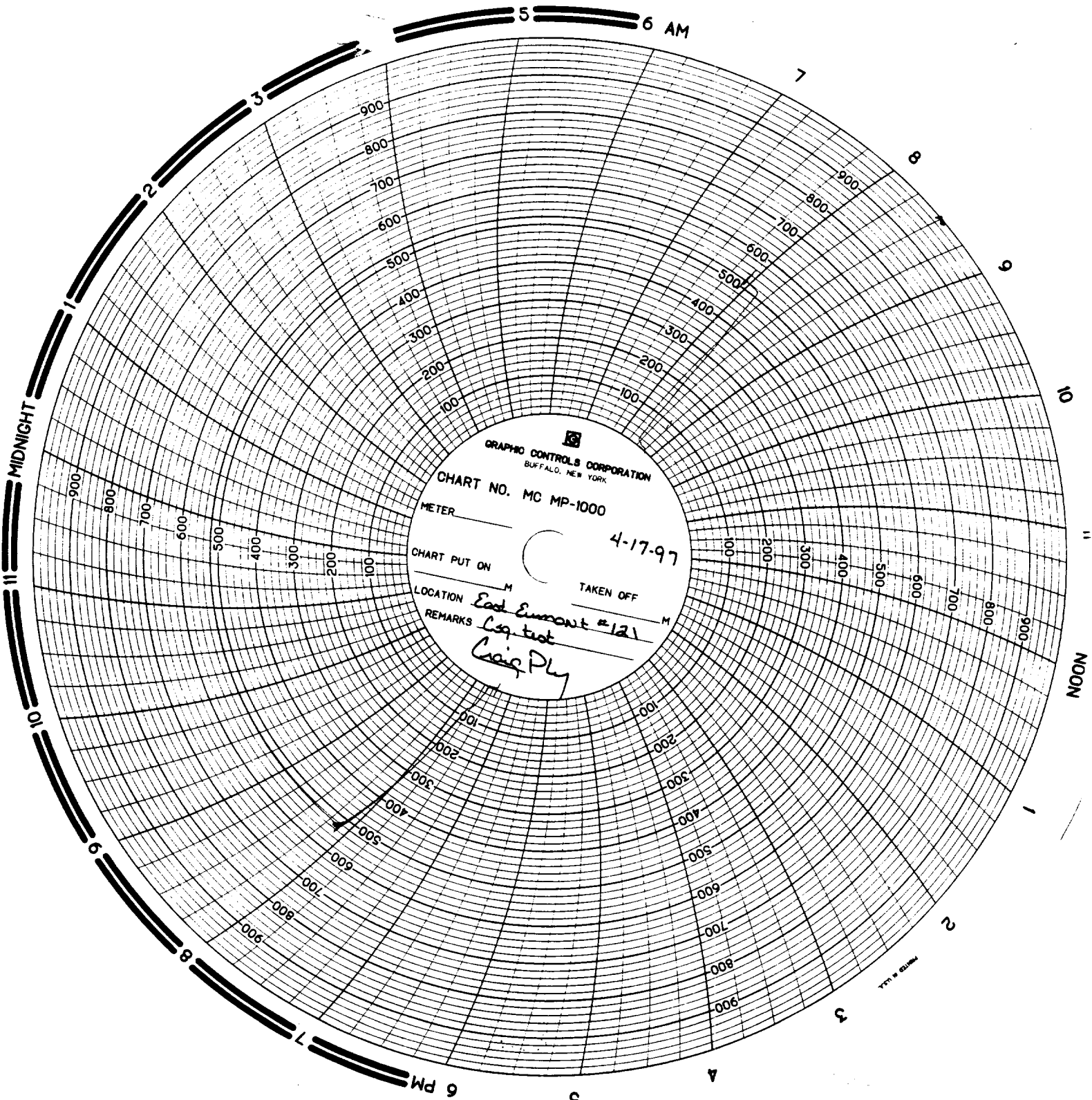
(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1997

dp



Received
HUBBS
JUN 1997