Submit 3 Copies To Appropriate District	State of Ne			Form C-1	103
Office District !	Energy, Minerals and	Natural Resources		Revised March 25, 1	999
1625 N. French Dr., Hobbs, NM 87240 District II			WELL API NO.	-025-09BB9	
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 2040 South Pacheco		5. Indicate Type of Lease		
<u>District 'II</u> 1000 Rio Brazos Rd., Aztec, NM 87410	2040 Sout Santa Fe, 1			FEE	
District 'V	Sama re, i	NIVA 67303	6. State Oil & G		—
2040 South Pacheco, Santa Fe, NM 87505				2656	
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPERTIES OF THE PROPOSALS.)  1. Type of Well:	CES AND REPORTS ON OSALS TO DRILL OR TO DESCATION FOR PERMIT" (FORI	PEN OR PLUG BACK TO A	7. Lease Name of East Eumont U	or Unit Agreement Name:	_
Oil Well 🔀 Gas Well	Other				
2. Name of Operator	· · · · · · · · · · · · · · · · · · ·		8. Well No.	<del> </del>	_
OXY USA WTP Limited Partner	ship	19246	53	172	
3. Address of Operator			9. Pool name or		
P.O. Box 50250 Midland, TX 4. Well Location	79710-0250		Eumont Yates 7	7Rvr Qn	<u></u> :
<u> </u>	•	•			:
Unit Letter P : U	feet from the	south line and	feet fi	rom the <u>east</u> lin	ne
Section 2	Township 20	Range 37	NMPM	County Lea	
		ether DR, RKB, RT, GR, e			
11. Check A	Appropriate Box to Ind	icate Nature of Notice	, Report, or Other	er Data	
NOTICE OF INT		3	SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		]	
OTHER:		OTHER: MIT - TA	Status		X
<ol> <li>Describe Proposed or Complete of starting any proposed work). or recompilation.</li> </ol>	=	-	_	<del>-</del>	
OXY USA WTP LP requests to	o temporarily abandon	this well for possible	e future use.	<b>*</b>	
TD-4030' PBTD-30	۵۵٬ Perfs- <u>3٦</u> ۵	02-3810' Pler/CIE	BP- 3602		
1. Notify BLM/NMOCD of car	sing integrity test 24	hrs in advance.			
2. RU pump truck 1(2103 to 530 # for 30 m	, circulate well wit	h treated water, press	sure test casing	,	
" 101 00 I		/			
	ints An	proval of Temporar	<b>y</b> _ / /		
	*iod.ruoja	mont expires	3/4/08		
				· · · · · · · · · · · · · · · · · · ·	_
I hereby certify that the information above	is true and complete to the be	st of my knowledge and belie	f.		_
SIGNATURE Juil		TITLE Sr. Regulatory	Analyst	DATE 2/25/03	_
Type or print name David Stewart		·	Teleph	none No. 915-685-5717	<u>,                                    </u>
(This space for State use)			,		_
APPROVED BY Lay W. Conditions of approval, if any	wink oc	FIELD REPRESENTATIVE	II/STAFF MANAG	DATE MAR G 2 2003	_