

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

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

DISTRICT III
1000 Rio Bosque R.A., Aztec, NM 87410

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

WELL API NO.	30- 025- 09889
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	82656
7. Lease Name or Unit Agreement Name	East Eumont Unit 008598
8. Well No.	122
9. Pool name or Wildcat	022800
Eumont Yates 7 Rvr Qn	
10. Elevation (Snow weather DF, RKB, RT, GR, etc.)	

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 ☐

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 P : 660 Feet From The South Line and 660 Feet From The East Line
Section 2 Township 20S Range 37E NMPM Lea County

10. Elevation (Snow weather 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: ☐

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 - 4030' PBTD - 3838' PERFS - 3702-3810' PKR/CIBP - 3602'

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

1) NOTIFY BLM/NMOC D OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE
TEST CASING TO 500# 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 6/10/97
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 85 1997

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