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. 30-025-12731

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

6. State Oil & Gas Lease No.

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: Northwest Eumont Unit

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

2. Name of Operator: Rhombus Operating Co., Ltd.

8. Well No. 119

3. Address of Operator: 200 N. Loraine, Suite 1270, Midland, TX 79701

9. Pool name or Wildcat

4. Well Location
Unit Letter A : 663 Feet From The North Line and 662 Feet From The East Line
Section 22 Township 19S Range 36E 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	[X]	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:	[ ]		

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.

Rlse pkr & TOH. Set CIBP @ +/- 4090'. Dump bail 35' cmt on top. TIH w/ tbg & circ hole w/ mud. Spot 25 sx cmt plug @ 1550'. Spot 10 sx cmt plug @ surface. Weld top plate & P&A marker.

* Since this is waterflood you will have to set a plug @ top & base of salt (base is 2900' set plug F/2950 to 2850) In accordance w/NMOCD rules

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mabry Wingo TITLE Office Manager DATE 10/5/98

TYPE OR PRINT NAME Mabry Wingo TELEPHONE NO. (915) 6838873

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

IC

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