

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- 025-22229
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	8935
7. Lease Name or Unit Agreement Name	East Eumont Unit 008598
8. Well No.	914
9. Pool name or Wildcat	Eumont Yates 7 Rvr Qn 022800
10. Elevation (Show whether 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 <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>20S</u> Range <u>37E</u> NMMPM Lea Country

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 ☒
PULL OR ALTER CASING ☐	OTHER: ☐	CASING TEST AND CEMENT JOB ☐	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 #914

MIRU PU 4/16/98, NDWH, NUBOP. RIH & TAG CIBP @ 3675', SPOT 85sx CL C CMT, POOH TO 2443'. SPOT 85sx CL C CMT, POOH TO 1214'. SPOT 102sx CL C CMT FROM 1214'-SURFACE, POOH, ND BOP. SPOT 10sx CL C CMT SURFACE PLUG. RDPV 4/17/98, DUG OUT CELLAR, INSTALL DRY HOLE MARKER. NMOCD NOTIFIED & REVIEWED PLUGGING PROCEDURE W/ CHARLIE PERRIN.

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 7/9/98

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY [Signature] TITLE Adm. Rep. DATE 4-24-01

CONDITIONS OF APPROVAL, IF ANY:

IP PW