Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minera's and Natura' Resources	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240		WELL API NO.
District II 811 South First, Artesia, NM 87210	OLL CONSERVATION DIVISION	30-025- こかろと 5. Indicate Type of Lease
District VI 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505	STATE FEE
District 'V 2040 South Pacheco, Santa Fe, NM 87505	Sama 7 0, 1114 07505	6. State Oil & Gas Lease No.
	AND DEPOSITO ON MELLO	<u> </u>
(DO NOT USE THIS FORM FOR PROPOSA	AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLUG BACK TO ON FOR PERMIT" (FORM C-101) FOR SUCH	
1. Type of Well: Oil Well Gas Well	Other Injection	East Eumont Unit
2. Name of Operator	•	8. Well No.
OXY USA WTP Limited Partnership	193	2463 849
3. Address of OperatorP.O. Box 50250 Midland, TX 794. Well Location	710-0250	9. Pool name or Wildcat Eumont Yates 7Rvr Qn
Unit Letter A: B(C	feet from the north line and	510 feet from the east line
Section 21	Township 19 Range 37	NMPM County Lea
10). Elevation (Show whether DR, RKB, RT, GR	l, etc.)
11. Check App	ropriate Box to Indicate Nature of Noti	ce, Report, or Other Data
NOTICE OF INTEN	- !	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK P	LUG AND ABANDON 🔲 REMEDIAL WOF	K ALTERING CASING
TEMPORARILY ABANDON C	HANGE PLANS COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
	IULTIPLE CASING TEST A CEMENT JOB	ND
OTHER:	OTHER: MIT	TA Status
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.		
OXY USA WTP LP requests to temporarily abandon this well for possible future use.		
TD- <u>५०५०</u> PBTD- <u>3768</u> Perfs- <u>3868-3818</u> Pkr /CIBP- <u>3768</u>		
1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.		
2. RU pump truck <u>1/21/03</u> , circulate well with treated water, pressure test casing to <u>550</u> # for 30 min.		
	This Aremoval of Tempora AbandonAment Expires	ry =/.// a - 1
	Abandonalent Expires	3/4/08
		1 Contraction
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Jui 514	TITLE Sr. Regulator	ry Analyst DATE Zl25(03
Type or print name David Stewart		Telephone No. 915-685-5717
(This space for State use)		
APPROVED BY Haugh. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE		
S Conditions of approval, if an OC FIELD REPRESENTATIVE W		

