

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 - 32700
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1481
7. Lease Name or Unit agreement Name	STATE N
8. Well No.	6
9. Pool name or Wildcat	EUMONT YATES 7 RVRS QN (PG)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter <u>K</u> : <u>2,050</u> Feet From The <u>SOUTH</u> Line and <u>2,020</u> Feet From The <u>WEST</u> Line Section <u>2</u> Township <u>22 S</u> Range <u>36 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,522	

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: SPUD, SET SURFACE CASING & CEMENT ☒

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.

MIRU ROD RIC #3, SPUDDED 12-1/4" HOLE @ 1645HRS MST 11/9/94, DRILL TO TD @ 400', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 400', M&P 260sx CL C W/ 2% CACL2 + 1/4#/sx CELLO-FLAKE, DISPLACE W/ FW, PLUG DOWN @ 11/9/94, CIRC 50sx CMT TO PIT, NMOCN NOTIFIED DID NOT WITNESS, WOC-8HRS. NU BOP & TEST, DRILL OUT & TEST, DRILL AHEAD.

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 11 17 94  
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: