

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.	3002504868
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B1481

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name State D
2. Name of Operator OXY USA Inc.	
3. Address of Operator P.O. Box 50250 Midland, TX. 79710	8. Well No. 6
4. Well Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 32 Township 21S Range 36E NMPM Lea County	9. Pool name or Wildcat Eumont Yates 7 Rvrs Qn PG
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3611'	

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: ☐

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 - 3871' PBTD - 3869' Producing Interval - 3299' - 3855'
It is proposed to abandon the Lower 7 Rivers Queen in the following manner:

1. MIRU PU. Kill well w/ BW. ND WH. NU BOP.
2. Rel pkr & POOH w/ 2-3/8" tbgr, SN, & pkr.
3. RU wireline. RIH w/ 5-1/2" CIBP on wireline & set @ 3765'. Dump 2 sx cmt on top of CIBP. RD wireline.
4. RIH w/ pkr & SN on 2-3/8" tbgr as before. Set pkr.
5. ND BOP. NU WH. Swab or flow well to recover load wtr.

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

SIGNATURE David Stewart TITLE Production Accountant DATE 2/13/91
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: