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District Office

APPROVED BY \_

CONDITIONS OF APPROVAL, IF ANY:

District | P.O. Box 1980. Hobbs. NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

## OIL CONVERSATION DIVISION WELL API NO.

| Revised | 1-1-89 |
|---------|--------|
|         |        |

\_\_\_\_ DATE \_\_\_\_\_

| P.U. BOX 1980, HODDS, NM 88240                              | P.O. Box 208  | 8                             | 30                                   | - 025 - 2037    | 79   |
|---|---|-------------------------------|--------------------------------------|-----------------|------|
| <u>District II</u><br>P.O. Box 1980, Hobbs, <b>NM</b> 88240 | Santa Fe, New Mexico  |                               | 5. Indicate Type of Lease            |                 |      |
| <u>District III</u><br>P.O. Box 1980, Hobbs, NM 88240       |   | 6. State Oil & Gas Lease N    | STATE X FEE                          |                 |      |
| F.O. DOX 1300, 110003, NW 00240                             |   | B1481                         | io.                                  |                 |      |
| (DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR    | S AND REPORTS ON WEL<br>ALS TO DRILL OR TO DEEPEN (<br>I. USE "APPLICATION FOR PERI<br>FOR SUCH PROPOSALS.) | OR PLUG BACK TO A             | 7. Lease Name or Unit agre           | eement Name     |      |
| 1. Type of Well: OIL WELL GAS WELL X                        | OTHER   |                               | STATE AO                             |                 |      |
| 2. Name of Operator OXY USA INC.                            |   |                               | 8. Well No. 2                        |                 |      |
| 3. Address of Operator P.O. Box 50250                       | Midland, TX 79710   |                               | 9. Pool name or Wildcat EUMONT YATES | 7 RVR QUEEN     |      |
| 4. Well Location  |   |                               | LOMOTT DATE                          | 7 HITT QUELIT   |      |
| Unit Letter H : 1,980 Fee                                   | et From The NORTH   | Line and660                   | Feet From The                        | EAST            | Line |
| Section 2 To  |   | <u> </u>                      | NMPM LEA                             | County          |      |
|   | 10. Elevation <i>(Show whether I</i> 3,514  | OF, RKB, RT, GR, etc.)        |                                      |                 |      |
| 11. Check Approp  | oriate Box to Indicate Natu   | re of Notice, Repor           | t, or Other Data                     |                 |      |
| NOTICE OF INTEN   | NTION TO:   | SUBSE                         | QUENT REPOI                          | RT OF:          |      |
| PERFORM REMEDIAL WORK PL                                    | UG AND ABANDON  | REMEDIAL WORK                 | ALTERIN                              | G CASING        |      |
| TEMPORARILY ABANDON C                                       | HANGE PLANS   | OMMENCE DRILLING              | OPNS. PLUG AN                        | D ABANDONMENT   |      |
| PULL OR ALTER CASING  | d   | ASING TEST AND CEM            | ENT JOB                              |                 |      |
| OTHER:  |   | THER: RE-ENTER 8              | RECOMPLETE                           |                 | Х    |
| 12. Describe Proposed or Complete Operations                | (Clearly state all pertinent details, an  | ed give pertinent dates, incl | luding estimated date of sta         | rting any       |      |
| work) SEE RULE 1103.  TD - 11050'                           | PBTD - 3675' PERFS  | - 3544' - 3652'               |                                      |                 |      |
| THIS WELL WAS COMPLETED AS F                                | OLLOWED AND IS SHUT-II  | N PENDING ALLOW               | ABLE:                                |                 |      |
| SEE AT  | ITACHED.  |                               |                                      |                 |      |
|   |   |                               |                                      |                 |      |
|   |   |                               |                                      |                 |      |
|   |   |                               |                                      |                 |      |
|   |   |                               |                                      |                 |      |
|   |   |                               |                                      |                 |      |
|   |   |                               |                                      |                 |      |
| I herby certify that the information above is true and comp | lete to the best of my knowledge and belie  | f.                            | ·                                    |                 |      |
| SIGNATURE LA  |   | Production Accou              | ntant                                | DATE02 11 92    |      |
| TYPE OR PRINT NAME David Stewart                            |   |                               | TELEPHONE                            | NO. 915 685-571 | 7    |
| (This space for State Use)                                  |   |                               |                                      |                 |      |
|   | LACTELYTEN  |                               |                                      | FEB 13          | 192  |
| ADDDOLACT) RV   | MANAGE TIME   |                               |                                      | DATE            |      |