

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 - 32699

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit agreement Name

FELTON A

8. Well No. 4

9. Pool name or Wildcat
EUMONT YATES 7 RVRS QN (PG)

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.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter G : 2,045 Feet From The NORTH Line and 1,915 Feet From The EAST Line
Section 28 Township 21 S Range 36 E 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: SET PRODUCTION 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.

DRILL 7-7/8" HOLE TO TD OF 4000' 11/8/94, CHC. RIH W/ SPD-CNS-GR-DLL-MSFL-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 4000'. M&P 700sx CL C LITE W/ 5#/sx SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 225sx CL H W/ 5#/sx CAL SEAL, DISPLACE W/ FW, PLUG DOWN @ 0500HRS MST 11/9/94, CIRC 60sx CMT TO PIT, NMOCD NOTIFIED DID NOT WITNESS, WOC. REL RIG @ 0900HRS 11/9/94. SI WO COMPLETION UNIT.

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: