Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

_ Date __

District I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 2088 P.O.Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	30 - 025 - 32732 5. Indicate Type of Lease
District III	STATE X FEE
1000RioBrazos Rd.Aztec,NM87410	6. State Oil & Gas Lease No. B-1481
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.)	7. Lease Name or Unit agreement Name
1. Type of Well: Oil GAS X WELL WELL X OTHER	STATE C
2. Name of Operator OXY USA INC.	8. Well No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat
4. Well Location	EUMONT YATES 7 RVRS QN (PG)
Unit Letter M : 800 Feet From The SOUTH Line and 81	O Feet From The WEST Line
Section 16 Township 21 S Range 36 E	NMPM LEA County
10. Bevation (Show whether DF, RKB, RT, GR, etc.) 3,633	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	
OTHER: OTHER: _SET PRO	DUCTION CASING & CEMENT X
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, ncluding estimated date of starting any proposed work) SEE RULE 1103.	
DRILL 7-7/8" HOLE TO TD OF 3900' 11/21/94, CHC. RIH W/ SPD-CNS-GR-DLL-MSFL-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3900'. M&P 500sx 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 @ 0015HRS MST 11/22/94, CIRC 25sx CMT TO PIT, NMOCD NOTIFIED DID NOT WITNESS, WOC. REL RIG @ 0415HRS 11/22/94. SI WO COMPLETION UNIT.	
TYPEOR PRINT NAME I hereby certify that the information above is true and complete to the best of my knowledge and belief. THE REGULATOR TYPE OR PRINT NAME DAVID STEWART	TELEPHONE NO. 915 685-5717
	5.0 355 37 17
(This space for State Use) ORDGENESS TO SERVICE SEXTON ORDGENESS TO SERVICE SEXTON	DEC 05 1994

MLE

APPROVED BY _____

SECTIVED OF SOL