

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87414
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

HOBBS OCD

OIL CONSERVATION DIVISION

JUN 23 2014

1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-10870
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Myers Langlie Mattix Unit
8. Well Number 18
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix TRQUGB

RECEIVED

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 WTP Limited Partnership

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

4. Well Location
 Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
 Section 29 Township 23S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3305'

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

E-PERMITTING - CSNG _____ P&A <u>PM</u> TA _____ COMP _____ NEW WELL _____ LOC CHG _____ OTHER: <input type="checkbox"/>	DON <input type="checkbox"/> L <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 6/16/2014 Back fill cellar, MIRUPU, start to pooh w/ rods & pump, parted.
- 6/17/2014 ND WH, NU BOP. POOH w/ tbg to rod part, unseat pump, POOH w/ rods. POOH w/ tbg. RIH & set CIBP @ 3449'.
- 6/18/2014 RIH & tag CIBP @ 3449', circ hole w/ 10# MLF, M&P 25sx CI C cmt, Calc TOC-3209'. PUH to 2790', M&P 30sx CI C cmt, PUH, WOC.
- 6/19/2014 RIH & tag cmt @ 2491', POOH w/ tbg. RIH & set pkr @ 752', RIH & perf @ 1222', EIR @ 2BPM w/ good returns to surface, M&P 40sx CI C cmt w/ 2% CaCl2, SI, WOC. RIH & tag cmt @ 1065', PUH & set pkr @ 30', RIH & perf @ 300', EIR @ 2BPM w/ full returns, M&P 80sx CL C cmt, circ to surface. POOH w/ pkr, ND BOP, top off csg, RDPU.

Spud Date:

Rig Release Date:

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

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 6/20/14

Type or print name David Stewart E-mail address: david_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 6/24/2014
 Conditions of Approval (if any)

JUN 24 2014