

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 87410  
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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-10978                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>39974                                                               |
| 7. Lease Name or Unit Agreement Name<br>Myers Langlie Mattix Unit                                   |
| 8. Well Number<br>121                                                                               |
| 9. OGRID Number<br>192463                                                                           |
| 10. Pool name or Wildcat<br>Langlie Mattix 7R QN GB                                                 |

|                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS OF WELLS<br>(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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>                                                                            |  |
| 2. Name of Operator<br>OXY USA WTP LP                                                                                                                                                                               |  |
| 3. Address of Operator<br>P.O. Box 50250 Midland, TX 79710                                                                                                                                                          |  |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line<br>Section <u>2</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3227'                                                                                                                                                         |  |

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

| NOTICE OF INTENTION TO:                                 |                                           | SUBSEQUENT REPORT OF:                            |                                          |
|---------------------------------------------------------|-------------------------------------------|--------------------------------------------------|------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/>          | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>           | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |                                          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>             |                                           |                                                  |                                          |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>             |                                           |                                                  |                                          |
| OTHER: <u>MIT</u> <input checked="" type="checkbox"/>   |                                           | OTHER: <input 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.

TD-3565' PBTD-3190' Perfs-3291-3370' OH-3398-3565' CIBP-3240'

While attempting to repair this well back in January 2019, the tubing and pump were POOH and a CIBP was set at @ 3240', 4sx cmt were dump bailed on top of CIBP and the cmt was tagged @ 3190'. Our daily reports show that an MIT chart was ran and witnessed by the NMOCD, but we didn't have an approved Intent to TA and the chart wasn't filed and can't be found.

OXY USA WTP LP respectfully requests to temporarily abandon this well. It is going to be evaluated by our EOR team for future utilization.

1. Notify NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck, circulate well with treated water, pressure test casing to 500# for 30 min.

Condition of Approval: notify  
OCD Hobbs office 24 hours

Spud Date:

Rig Release Date:

prior of running MIT Test & Chart

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 12/12/19

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

For State Use Only

APPROVED BY: Kenny Fort TITLE C O A DATE 12-18-29

Conditions of Approval (if any):

OXY USA WTP LP - Current  
Myers Langlie Mattix Unit #121  
API No. 30-025-10978

12-1/2" hole @ 350'  
8-5/8" csg @ 350'  
w/ 225sx-TOC-Surf-Circ

1/19-CIBP @ 3240', DB 4sx to 3190' - Tagged

7-7/8" hole @ 3565'  
5-1/2" csg @ 3398'  
w/ 1200sx-TOC-Surf-Circ

Perfs @ 3291-3370'

OH @ 3398-3565'

TD-3565'