Submi: 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised March 25, 1999			
Office District I 1625 N. French Dr., Hobbs, NM 88240  Energy, Minerals and Natural Resources				WELL API NO.			
District II	DIL CONSEDVATION DIVISION				30-025- 09553		
811 South First, Artesia, NM 88210 District III	2040 South Pacheco			5. Indicate Type			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE C			
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & G	as Lease No.		
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)		PEN OR PL	UG BACK TO A		or Unit Agreement		
1. Type of Well: Oil Well  Gas Well  Other				MYERS LANGLIE MATTIX UNIT			
2. Name of Operator OXY USA WTP Limited Partnership 192463				8. Well No.			
3. Address of Operator				9. Pool name or Wildcat			
P.O. BOX 50250 MIDLAND, TX 79710-0250  4. Well Location				LANGLIE MAT	TIX 7RVR-QN-GB		
	1980_feet from the	Nont	line and <u>l</u>	180feet fro	m the West	_line	
Section (2			ange 36E	NMPM	County LEA		
	10. Elevation (Show w	vhether D	R, RKB, RT, GR, etc	z. <i>)</i>			
11. Check A	ppropriate Box to Inc	dicate N	ature of Notice,	Report or Other	Data		
NOTICE OF INTENTION TO: SUB				SEQUENT <u>R</u> EI		NC []	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	· ⊔	ALIERING CASI	אט ב	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	. 🗷	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB				
OTHER:			OTHER:				
12. Describe proposed or complete of starting any proposed work) or recompilation.							
MLMU-207							
NOTIFY NMOCD OF I & SET CIBP @ 3401 3301', POOH TO 29 1324', SPOT 40sx CMT TO SURFACE. INSTALL DRY HOLE	', CIRC HOLE W/ 9 65', SPOT 25sx CM CMT, WOC. RIH & RDPU 11/28/00. I	9.5#MLF MT, WOC TAG CM OUG OUT	, SPOT 25sx C . RIH & TAG T @ 1128', PO CELLAR, CUT	MT, WOC. RIH CMT @ 2727', 1 OH TO 347', S1	& TAG @ POOH TO POT 60sx		
I hereby certify that the information	above is true and compl	ete to the	best of my knowler	dge and belief.			
			•		n = 11		
SIGNATURE Son S		_TITLE	REGULATORY	ANALYST	_DATE_3\22\	01	
<del>. 1.1 1 </del>	STEWART			Tele	phone No.915-685	-5717	
(This space for State use)	7 1		, 9				
APPPROVED BY Conditions of approval, if any:	myles	TITLE_	Adles		DATE <u>//-20</u>	-01	
25 GWW	V						