

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

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.)		WELL API NO. 30-025-26909
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA WTP LP		6. State Oil & Gas Lease No. B1167
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name Myers Langlie Mattix Unit
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>36</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number 102
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3326'		9. OGRID Number 192463
		10. Pool name or Wildcat Langlie Mattix TRUGB

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

NOTICE OF INT. PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	INT TO PA P&A NR <u>Am x</u> P&A R <u> </u>	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"/>
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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.

2/1/2017 MIRU PU, unseat pump, POOH w/ rods & pump. NU BOP & accumulator.
2/2/2017 POOH w/ 2-3/8 tbg. RIH & set CIBP @ 3441', POOH. RIH w/ tbg & tag CIBP @ 3441'. Circ hole w/ 10# MLF.
2/3/2017 M&P 45sx CL C cmt, PUH, WOC. RIH w/ tbg & tag cmt @ 3018'. PUH to 2921', M&P 30sx CL C cmt, PUH, WOC.
2/6/2017 RIH w/ tbg & tag cmt @ 2652'. PUH to 1210', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 941', POOH.
RIH w/ pkr, isolate holes @ 60-90', POOH. RIH to 561', M&P 60sx CL C cmt, PUH, M&P additional 20sx CL C cmt @ 90', circ cmt to surface, visually confirmed. RD BOP & accumulator. RDPU.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
Restoration Due By 02-05-2018

Spud 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 2/9/17

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

For State Use Only

APPROVED BY: Mark Whitman TITLE P.E.S. DATE 02/16/2017

Conditions of Approval (if any):