Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerats and Natural Resources	Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283	BIL CONSERVATION DIVISION 1220 South St. Francis Dr.	30-025-10888
811 S. First St., Artesia, NM 88210	S OCUL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 HOB 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NMEB	2 0 2013 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOR. USE APPLIC	SALE VODRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Myers langlie Mattix Unit
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🗌 Other	.8. Well Number 31
2. Name of Operator	. /	9. OGRID Number 192463
3. Address of Operator	SA WTP Limited Partnership	10. Pool name or Wildcat
P.O. Box 50250 Midland, T.	X 79710	Langlie Mattix TRQuGB
4. Well Location		
Unit Letter:		660 feet from the west line
Section 30	Township 235 Range 37E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3356	
12. Check A	Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF IN		SEQUENT REPORT OF:
	PLUG AND ABANDON	
PULL OR ALTER CASING		. —
OTHER:		11T, THA Extension E
	leted operations. (Clearly state all pertinent details, an ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or rec		Simpletions: Attach wendore diagram of
proposed completion of rec	implotion.	
TD- <u>3755</u> PBTC	-3453 0H	3438
OXV LISA WTP LP respec	ctfully requests to extend the Temporarily Aband	on Status Approval This unit is
	ed for possible infill drilling and re-initiating the	
currently being evaluat	et for possible mining and re-initiating the	
	D of casing integrity test 24hrs in advance.	
2. RU pump truck	$\lambda(1\lambda(13), \text{ circulate well with treated water, pressure of the set of th$	essure test casing to <u>540</u> #
for 30 min.		
	This Approval of 1	pires <u>CF12-2014</u>
F	Abandonment Ex	pires <u></u>
Spud Date:	Rig Release Date:	
		·
hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
0 1	1	
SIGNATURE	TITLERegulatory Advisor	DATE 2/19/13
		DATE CITI
	E-mail address: david stewart@	oxy.com PHONE: <u>432-685-5717</u>
For State Use Only	\mathcal{O} (\mathcal{O})	•
APPROVED BY:	malestille Dist. Ma	DATE 2-21-2013
Conditions of Approval (if any)	/	DATE COLOR
and a supplicities (in units)		5
:		FEB 2 1 2013

