

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

**HOBBS OGD** State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

**JUN 18 2013**  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
**RECEIVED** Santa Fe, NM 87505

WELL API NO. 30-025-09489 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <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 138 ✓
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix TRQB ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3322'

**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 G-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>
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 <u>A</u> : <u>660</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>east</u> line Section <u>1</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3322'

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 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"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>MIT</u> <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.

TD- 3609' PBD- — OH Perfs- 3449-3609' Pkr- 3411'

1. Notified NMOC of casing integrity test 24hrs in advance.

2. RU pump truck 5/10/13, circulate well with treated water, pressure test casing to 570 # for 30 min.

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 Regulatory Advisor DATE 6/18/13

Type or print name David Stewart E-mail address: david.stewart@oxy.com PHONE: 432-685-5717  
For State Use Only

APPROVED BY: [Signature] TITLE Dist. MGR DATE 6-24-2013  
Conditions of Approval (if any):

JUN 25 2013

