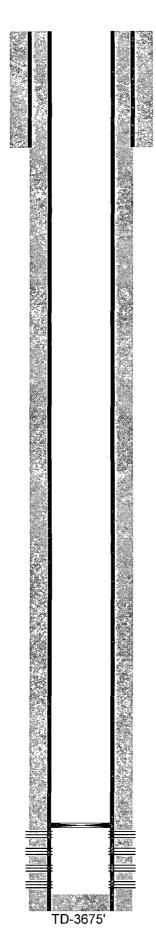
| Submit I Copy To Appropriate District State of New Mexico Office | | Form C-103 Revised July 18, 2013 | |
|--|--------------------------|-------------------------------------|--------------------------------------|
| District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 PROF OCD | | | WELL API NO. |
| TURBS CAT | | | 30-025-27383 |
| | | DIVISION | 5. Indicate Type of Lease |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874 JAN 07 2014 1220 South St. Francis Dr. District IV – (505) 476-3460 Santa Fe, NM 87505 | | STATE FEE 7 | |
| District IV - (505) 476-3460 Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | |
| 87505 PECEIVED SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreement Name |
| 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-1/01) FOR SUCH | | | Myens Langlie Mattix Unit |
| PROPOSALS.) | | | |
| 1. Type of Well: Oil Well Gas Well Other Tylection | | | 124 |
| 2. Name of Operator OVV. USA WTP Limited Postposship | | | 9. OGRID Number |
| OXY USA WTP Limited Partnership 3. Address of Operator | | | 192463 |
| P.O. Box 50250 Midland, TX 79710 | | 1 | |
| - | | Langlie Mattix TR Qu GB | |
| 4. Well Location | | | |
| Unit Letter H: 660 feet from the North line and 660 feet from the ecst line | | | |
| Section 4 Township 245 Range 37E NMPM County Lea | | | |
| 11. Eleva | ntion (Show whether DR | , RKB, RT, GR, etc., | |
| 3273 | | | |
| | | | |
| 12. Check Appropria | te Box to Indicate N | ature of Notice, | Report or Other Data |
| | | | |
| | | | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI | | | _ |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JO | | | I JOB 🔲 |
| DOWNHOLE COMMINGLE | YEAR | | |
| CLOSED-LOOP SYSTEM | | OTHER: | |
| OTHER: MIT-TA Extension OTHER: 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-3675' PBTD-3337' Perfs/04-3387-3637' CIBP-3337' | | | |
| TO- JO TO TO THE TOTAL THE | | | |
| OXY USA WTP LP respectfully requests a 2 year extension on the temporary abandonment of this well for further evaluation of the waterflood unit. | | | |
| OXY implemented a project in the East Eumont Unit in 2013 that consisted of revitalizing the northern (active) portion of the unit. OXY drilled and | | | |
| completed four new wells that decreased the Primary production spacing from 40 acre to 20 acre spacing. OXY is currently engaged in a program | | | |
| to continue to test the potential of the East Eumont Unit. The continued program entails: monitoring the production on the 4 new wells; cleaning | | | |
| out and stimulating 3 injection wells to ensure sufficient flooding; and recompleting 4 wells in the inactive portion of the field. Also OXY has | | | |
| identified 10 (6 in the Myers Langlie Mattix Unit) wells to plug and abandon. From the results of the continued East Eumont program, OXY will evaluate and determine the potential for reactivation of the Myers Langlie Mattix Unit and of this well. | | | |
| evaluate and determine the potential for reactivation of the triyers cangle triately one and or this well. | | | |
| 1. Notify NMOCD of casing integrity test 24hrs in advance. Condition of Approval: notify | | | |
| 2. RU pump truck, circulate well with treated water, pressure test casing to 500# for 30 min. OCD Hobbs office 24 hours | | | |
| | | | OCD nodds office 24 nours |
| Spud Date: | Rig Release Da | _{ute:} p | orior of running MIT Test & Chart |
| Spud Date. | Kig Keleuse Di | - | |
| | | | |
| I hereby certify that the information above is tru | e and complete to the be | est of my knowledge | e and belief |
| Thereby certify that the information above is the | e and complete to the or | of of my knowledge | and conen |
| | | | 1 (|
| SIGNATURE . Styl | TITLE Sr. | Regulatory Adviso | DATE 1614 |
| Type or print name David Stawart E-mail address: david stawart@avv com DHONE: 422 (05 5717 | | | |
| Type or print name <u>David Stewart</u> E-mail address: <u>david_stewart@oxy.com</u> PHONE: <u>432-685-5717</u> | | | |
| For State Use Only A | | | |
| APPROVED BY: Valey Main Fitte Compliance Office Date 1/8/2014 | | | |
| THE COURT OF THE C | | | |
| Conditions of Approval (if any): | | | |
| V | | | |

JAN 0 8 2014

OXY USA WTP LP - Current Myers Langlie Mattix Unit #126 API No. 30-025-27383



12-1/4" hole @ 505' 8-5/8" csg @ 501' w/ 350sx-TOC-Surf-Circ

7-7/8" hole @ 3675' 5-1/2" csg @ 3671' w/ 1000sx-TOC-Surf-Circ

Perfs @ 3387-3637'

CIBP @ 3337'