| ubnit 1 Copy To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources | | | Form C-103 Revised July 18, 2013 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|-------------------------------------|----------|--|
| District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 882-10 District II – (575) 748-1283 HOBBS OCD District II – (575) 748-1283 | | | WELL API NO. | | |
| | | | 30-025-10933 | | |
| | | | 5. Indicate Type of Lease | | |
| District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874 AN 2 9 2014 District IV (505) 476 3460 Santa Fe, NM 87505 | | | STATE 🔲 FEE 🗗 | | |
| 1220 S. St. Francis Dr., Santa Fe. NM | | | 6. State Oil & Gas Lease No. | 1 | |
| 87505 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreement | Name | |
| 1 (DO NOT USE THIS FORM FOR TO DO ALS TO DRULL OR TO DEEPEN OR PLUG BACK TO A | | | - | 1 | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | R SUCH | Myens Langlie Mattix U | nit | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well | | | 8. Well Number 51 | | |
| 2. Name of Operator | | | 9. OGRID Number | | |
| OXY USA WTP Limited Partnership | | | 192463 | | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | | |
| P.O. Box 50250 Midland, TX 79710 | | | Langlie Mattix 7R Qu G | B | |
| 4. Well Location | | | <u></u> | | |
| Unit Letter A : 660 feet from the north line and 660 feet from the east line | | | | | |
| Section 33 Township 235 Range 37E NMPM County Lea | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| | 3306' | | | | |
| | | | | | |
| 12. Check Appropriat | e Box to Indicate Na | ture of Notice, F | Report or Other Data | | |
| NOTICE OF INTENTION | N TO: | SUBS | EQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILI | | | LING OPNS. 🗍 🛛 P AND A | | |
| PULL OR ALTER CASING 🗍 MULTIPLE COMPL 🔲 CASING/CEMENT JOB 🗍 | | | | | |
| DOWNHOLE COMMINGLE | | | | | |
| CLOSED-LOOP SYSTEM | | | | : | |
| OTHER: | | | IT - TA Extension | | |
| 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- 3630' PBTD- 3350' Perfs, | /04+- <u>3435-3558</u> | CIBP-336 | 5' | | |
| | | | | | |
| 1. Notify NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck | | | | | |
| OXY USA WTP LP respectfully requests a Zyear 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 reactivati | | | | / | |
| | | ······ | | / | |
| Spud Date: | Rig Release Date | e | | V | |
| | | This Appro | val of Temporary Tent Expires | :014 | |
| | | Abandonn | nent Expires | | |
| I hereby certify that the information above is true | and complete to the bes | t of my knowledge | and belief. | Land Ta | |
| | r | | and belief. | 4. O | |
| | | | | | |
| SIGNATURE TITLE Sr. Regulatory Advisor DATE 12714 | | | | | |
| Type or print name <u>David Stewart</u> | E-mail address: | david_stewart@c | DXY.com PHONE: 432-685-571 | <u>7</u> | |
| For State Use Only | | | | | |
| | | | | | |
| APPROVED BY: TO CALL COM FORME TITLE COUNS II and Ufficer DATE DATE DATE | | | | | |
| APPROVED BY: Machutitutan_ TITLE Compliance Officer_ DATE 02/03/2014 Conditions of Approval (if any): | | | | | |
| FEB 0 3 2014 05 4 | | | | | |

