

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
HOBBS OCD
OIL CONSERVATION DIVISION
1220 South St. Santa Fe, NM 87505
FEB 06 2017
REC

Form C-103
Revised July 18, 2013

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. 30-025-09493
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. B-243
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>P</u> : <u>660</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>east</u> line Section <u>36</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number 104
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3328'		9. OGRID Number 192463
		10. Pool name or Wildcat Langlie Mattix TRQB

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"/>	INT TO PA P&A NR <u>Pm. x</u> P&A R _____	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>		COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: _____		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.

1/25/2017 Digout WH, find surface valve
1/26/2017 RU PU, unseat pump, POOH w/ rods & pump. RDWH, attempt to POOH w/ tbg, RU WH to hot wtr.
1/27/2017 Pump hot wtr, NDWH, tbg free, NU BOP & accumulator, POOH w/ tbg.
1/30/2017 RIH w/ CIBP & set 3339', pressure test csg to 500#, held OK. RIH w/ tbg & tag CIBP @ 3339'. Circ hole w/ 10# MLF, NMOCOD appr combining 1st two plugs. M&P 80sx CL C cmt, PUH, WOC.
1/31/2017 RIH w/ tbg & tag cmt @ 2554'. PUH to 1331', M&P 25sx CL C cmt, PUH, WOC. RIH w/ tbg & tag cmt @ 1145', POOH. RIH w/ pkr to isolate holes in csg, found @ 335'-surface. NMOCOD approved to move to 407' to perf and sqz. RIH & perf @ 407', EIR @ 1.5bpm @ 200#, w/ full circ. M&P 140sx CL C cmt, circ cmt to surf, visually confirmed. POOH w/ pkr, top off csg, NE BOP, & accumulator.
2/1/2017 RDPU.

Spud Date:

Rig Release Date

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.

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 2/2/17

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

For State Use Only

APPROVED BY: Mark White TITLE P.E.S. DATE 02/07/2017

Conditions of Approval (if any):

RESTORATION DUE BY 01/30/2018