

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

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD
MAY 14 2018
RECEIVED

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. 30-025-09551
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA WTP Limited Partnership		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name <u>Muens Langlie Mattix Unit</u>
4. Well Location Unit Letter <u>K</u> : <u>1930</u> feet from the <u>South</u> line and <u>1930</u> feet from the <u>West</u> line Section <u>12</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>241</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3344'</u>		9. OGRID Number 192463
		10. Pool name or Wildcat <u>Langlie Mattix TRQB</u>

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"/>			
CLOSED-LOOP SYSTEM <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- 3607' PBTD- — Perfs- 3436-3451' Pkr- 3392'
OA- 3467-3607'

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

2. RU pump truck 4/18/18, circulate well with treated water, pressure test casing to 560 # for 30 min.

Witnessed by Kerry Foutner.

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 Sr. Regulatory Advisor DATE 5/10/18

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

For State Use Only

APPROVED BY: Kerry Foutner TITLE Compliance Officer DATE 5-18-18
Conditions of Approval (if any):

MIDNIGHT

5 6 AM

7

8

9

10

11

NOON

Rec Mid Reg 5/7/18

End

~~2~~
~~1~~

DATE 4-18-18
BR 2221

Graphic Controls

START

Annual WTC Test

oxy asa with 20

Myers Langley Matrix with
#241

30-025-09551

ser # 64742

ser 3-10118

Cal 1000#

50 Ans 550#

Egub 5600#

32 min
Kerry Fortner - OCB
Juan (Chemical Services)

5 6 PM

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