

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  
AUG 18 2018

WELL API NO. 30- 025-26912
5. Indicate Type of Lease STATE <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 243
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 (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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator OXY USA WTP LP	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>South</u> line and <u>560</u> feet from the <u>east</u> line Section <u>12</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"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input 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"/>	OTHER: <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input 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.

7/3/18 - MIRU PU, POOH w/ rods & pump.

7/4/18 - NDWH, NU BOP, rel TAC, POOH w/ TAC & tbg. RIH & set CIBP @ 3428', POOH. RIH w/ tbg & tag CIBP @ 3428'. circ hole w/ 10# MLF, M&P 35sx CL C cmt, calc TOC 3076'. PUH to 2850', M&P 25sx CL C cmt, PUH, WOC.

7/13/18 RIH & tag cmt @ 2613'. PUH to 1215', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 991'. PUH TO 568', M&P 76sx CL C cmt, circ to surface. ND BOP, top off csg w/ cmt, NU cap flange, RD PU.

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.  
Restoration Due By 07-05-2019

Spud Date:

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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 8/9/18

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

For State Use Only

APPROVED BY: Mark Whitcomb TITLE P.E.S. DATE 08/16/2018

Conditions of Approval (if any):