

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

WELL API NO. 30-025-26971
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fd
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Myers Langlie Mathix Unit
8. Well Number 204
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mathix TRON GB
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3311'

**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)

1. Type of Well: Oil Well  Gas Well  Other Injection

2. Name of Operator  
OXY USA WTP Limited Partnership

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
 Unit Letter C 660 feet from the north line and 1980 feet from the west line  
 Section 7 Township 24S Range 31E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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- 3750' PBTD- 3700' Perfs- 3355-3503' Pkr- 3306'

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 51614, circulate well with treated water, pressure test casing to SSO # for 30 min.

Spud Date:

Rig Release Date:

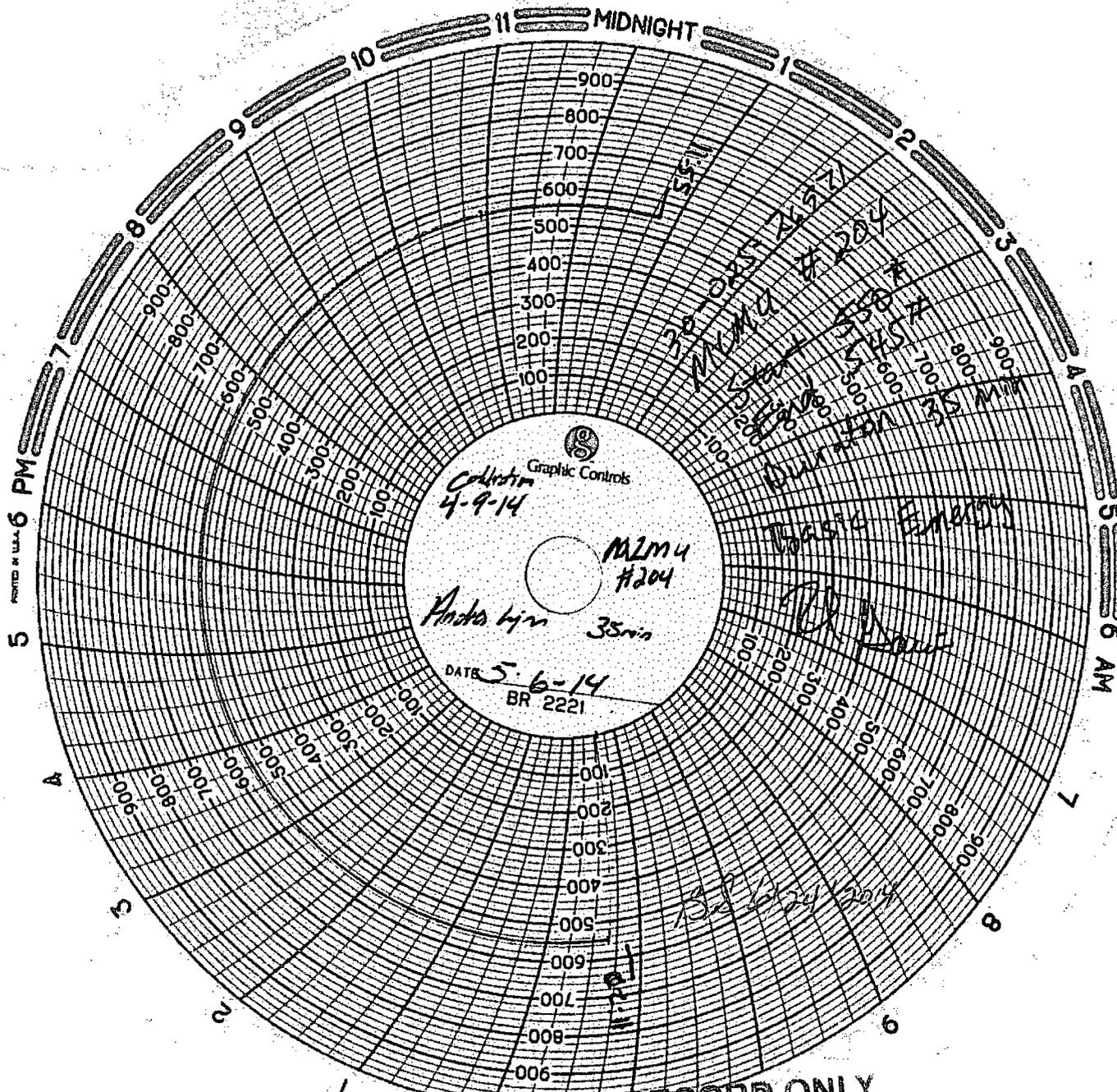
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 5/29/14

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

For State Use Only  
 APPROVED BY: Bill Hernandez TITLE Staff Manager DATE 6/24/2014  
 Conditions of Approval (if any):

SEP 12 2014



FOR RECORD ONLY

NOON  
 Rec. M. d. Res 5/20/14

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