

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**RECEIVED**  
FEB 19 2009  
BIOLOGICAL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**HOBBS**

Form C-103  
May 27, 2004

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025- 28246                                                                       |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>8910138170                                                          |
| 7. Lease Name or Unit Agreement Name:<br>Myers Langlie Mattix Unit                                  |
| 8. Well Number<br>251                                                                               |
| 9. OGRID Number<br>192463                                                                           |
| 10. Pool name or Wildcat<br>Langlie Mattix 7Rvr Qn-GB                                               |

**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:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                       | 2. Name of Operator<br>OXY USA WTP Limited Partnership                                                                                                                                                                |
| 3. Address of Operator<br>P.O. Box 50250 Midland, TX 79710-0250                                                                                                                                                                                                                                                                         | 4. Well Location<br>Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>2097</u> feet from the <u>West</u> line<br>Section <u>32</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>Lea</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |                                                                                                                                                                                                                       |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: MIT - TA Status ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent information including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore log or recompletion.

OXY USA WTP LP requests to temporarily abandon this well for possible future use.

TD- 3750' PBTD- 3269' Perfs- 3354-3699' PkP/CIBP- 3304'

1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck, circulate well with treated water, pressure test casing to 500# for 30 min.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/ will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 2/18/09  
E-mail address: \_\_\_\_\_

Type or print name David Stewart

Telephone No. 432-685-5717

For State Use Only

APPROVED BY Camille L. Hill TITLE DISTRICT 1 SUPERVISOR DATE FEB 20 2009  
Conditions of Approval, if any: \_\_\_\_\_