

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 87003
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

RECEIVED
JUN 10 2009
HOBBSOCD

WELL API NO. 30-025-10887
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 39
9. OGRID Number 192463
10. Pool name or Wildcat 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: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit
2. Name of Operator OXY USA WTP Limited Partnership	8. Well Number 39
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. OGRID Number 192463
4. Well Location Unit Letter <u>M</u> ; <u>660</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>west</u> line Section <u>30</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Langlie Mattix 7Rvr Qn-GB
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3650'	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OGD Web Page under
pertinent data, including estimated date
of completion.

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give dates of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/21/09 - RUPU, ND WH, NU BOP. REL PKR, TOOH. WITH 109 JOINT'S 2 3/8
PRODUCTION TUBING. (I.P.C. JUNK)
RIH WITH 5-1/2" CIBP SET AT 3413', CIRCULATE WITH 40 BBL'S. 10 # MUD LADEN FLUID
SPOT 25sx CLASS "C" NEAT CMT ON CIBP, CALC TOC @ 3167'.
POOH TO 2827', SPOT 25sx CMT, CALC TOC @ 2571'.
POOH TO 1315', SPOT 25sx W/ 2%CA.CL2. POOH WITH TBG. WOC 2 HRS. RIH WITH
WIRELINE & TAG CMT @1060'
POOH & PERFORATE @ 150', RDWL. EIR 2 BBL/MIN WITH FULL RETURNS UP 8-5/8 X 5-
1/2, M&P 40sx CMT TO SURFACE. ND BOP, TOP OFF CASING. RD PU

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 6/8/09

Type or print name David Stewart

E-mail address: david_stewart@oxy.com
Telephone No. 432-685-5717

For State Use Only

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 15 2009

Conditions of Approval, if any: