

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-10903

5. Indicate Type of Lease STATE FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Myers Langlie Mattix Unit
011007

1. Type of Well:
OIL WELL GAS WELL OTHER Injection

8. Well No. 61

2. Name of Operator OXY USA Inc. 16696

9. Pool name or Wildcat 037240
Langlie Mattix 7 Rvr Q-G

3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter C 990 Feet From The North Line and 1980 Feet From The West Line
Section 31 Township 23S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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
OTHER: 2A
SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD- 3657 PBDT- - OH PERFS- 3475-3657 PKR- 3293

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.

- 1) MIRU PU, TIH W/ CIBP & SET @ APPROXIMATELY 3425'.
- 2) NOTIFY NMOCD/BLM OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.
- 3) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PEASURE 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.
SIGNATURE David Stewart TITLE Regulatory Analyst DATE 8/24/98
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE 8/24/98
CONDITIONS OF APPROVAL, IF ANY: