

Submit 3 Copies
to Appropriate
District Office
District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer DD, Artesia, NM 88210
District III
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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|--------------------------------------|--|
| WELL API NO. | 30 - 025 - 32534 |
| 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 No. | 259 |
| 9. Pool name or Wildcat | LANGLIE MATTIX 7RVR Q-G |

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.)

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| 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 INC. |
| 3. Address of Operator P.O. Box 50250 Midland, TX 79710 |
| 4. Well Location Unit Letter <u>F</u> : <u>2,620</u> Feet From The <u>NORTH</u> Line and <u>1,340</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>23 S</u> Range <u>37 E</u> NMPM <u>LEA</u> County |

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|---|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,318 |
|---|

11. 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"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |
| | OTHER: <u>SPUD, SET SURFACE CASING & CEMENT</u> <input checked="" type="checkbox"/> |

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.

MIRU CAPSTAR #2, SPUDDED 12-1/4" HOLE @ 1600HRS MDT 6/11/94, DRILL TO TD @ 438', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 438', M&P 260sx CL C W/ 2% CACL2 + 1/4#/sx CELLO-FLAKE, DISPLACE W/ FW, PLUG DOWN @ 1005HRS MDT 6/12/94, CIRC 23sx CMT TO PIT, NMOCD NOTIFIED DID NOT WITNESS, WOC-8HRS. NU BOP & TEST, DRILL OUT & TEST, DRILL AHEAD.

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 07 06 94
 TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY JERRY SEXTON DATE _____
DISTRICT I SUPERVISOR
JUL 11 1994

CONDITIONS OF APPROVAL, IF ANY: