New Mexico Oil Conservation Division, District I STATES 1625 N. French Drive

Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR Hobbs, NM 36240 **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

CUMPRY NOTICES				3. Lease Senai No.	
SUNDRY NOTICES AND REPORTS ON WELLS				8910138170 - LC -0608257A	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian,	Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or Myers Langlie Mattix Unit	
1. Type of Well					
Oil Well Gas Well Other Injection				8. Well Name and No.	
2. Name of Operator OXY USA WTP Limited Partnership 192463				26	
3a. Address	3b. Phone No. (include area code)		9. API Well No.		
P.O. Box 50250. Midland, TX 79710-0250		432-685-5717		30-025- 1	
4. Location of Well (Footage, Sec., T., R., M., or Survey)	10. Field and Pool, or Exploratory Area Langlie Mattix 7Rvr Qn-GB				
1980 FSL 1980 FULL NE	Langi ic iii			CICIX YIVAI QII-UB	
1980 FSL 1980 FWL NESW(K) 29-235-37E			(-	11. County or	r Parish, State
10 OUTON ADDROVE					NM
12. CHECK APPROPRIATE	BOX(ES) TO IND	DICATE NATURE OF	NOTICE, REPO	ORT, OR OT	HER DATA
TYPE OF SUBMISSION		TY	PE OF ACTION		-
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off
Subsequent Report	Alter Casing	Fracture Treat	Reclamatio	n	Well Integrity
	Casing Repair	New Construction	Recomplete		
Final Abandonment Notice	Change Plans	Plug and Abandon	X Temporarily		
	Convert to Injection		Water Disp		TA Status
TD- 3751 PBTD- 3706 PE	arfs. 3557-3/	SO Dha/CIDD 3	sual '		C227 3 26 25 C
				187	m 20d
OXY USA WTP LP requests to extend the Temporarily Abandon Status Approval. This will allow OXY to determine possible future uses for this well.				MONTH	ALULIVED CO
	ı		•	(C) (C)	OCD S
This well passed a casing integrit	y test \ \ \lambda \la	5/02		7.9L9	Les are to the
		approved f			Enos
		EMDING Y	NOV 2	5 2005	
 I hereby certify that the foregoing is true and correct Name (Printed Typed) 		Title			
David Stewart		Sr. Rea	ulatory Anal	vet	
la Stil		1 5-4-	122/04	<u> </u>	
THIS	SPACE FOR FEDE	RAL OR STATE OFFI			
Approved by (CRIG. SGD.) DAVID @ GI	ass	Title		Date	
Onditions of approval if any are ottached The Trans-		rant or Office			JUL 2 2 2004
ertify that the applicant holds legal or equitable title to the which would entitle the applicant to conduct operations the	ose rights in the subjecteon.	t lease			· · · · · · · · · · · · · · · · · · ·