

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

OXY USA WTP Limited Partnership

192463

3a. Address

P.O. Box 50250, Midland, TX 79710-0250

3b. Phone No. (include area code)

915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FSL 760 FWL NWSW(L) Sec 9 T24S R37E

5. Lease Serial No.

NM7488

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No  
Myers Langlie Mattix Unit

8. Well Name and No.

230

9. API Well No.

30-025-27004

10. Field and Pool, or Exploratory Area  
Langlie Mattix 7Rvr Qn-GB

11. County or Parish, State

Lea NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

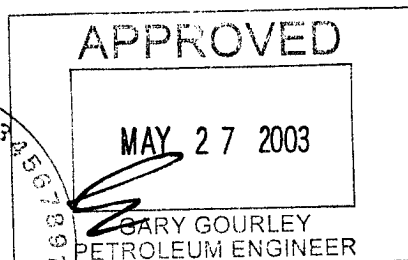
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen                      | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat              | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction            | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Change Plans         | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back                   | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

TD-3745' PBD-3242' Perfs-3332-3439'  
CIBP @ 3280' w/ 38' cmt - 6/86

8-5/8" csg @ 516' w/ 350sx, 12-1/4" hole, TOC-Surf-Circ  
5-1/2" csg @ 3745' w/ 1100sx, 7-7/8" hole, TOC-532' - CB 293031 - 12345678910111213141516171819202122232425262728293031

1. RIH & Tag cmt @ 3242' ✓  
2. M&P 30sx cmt @ 2800-2700'  
3. M&P 25sx cmt @ 1150-1050'  
4. Perf @ 566', sqz 35sx to 466'-WOC-TAG ✓  
5. M&P 10sx cmt surface plug  
10# MLF between plugs



14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

David Stewart

Title

Sr. Regulatory Analyst

Date

5/20/03

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GW

OXY USA WTP LP  
Myers Langlie Mattix Unit #230  
API No. 30-025-27004

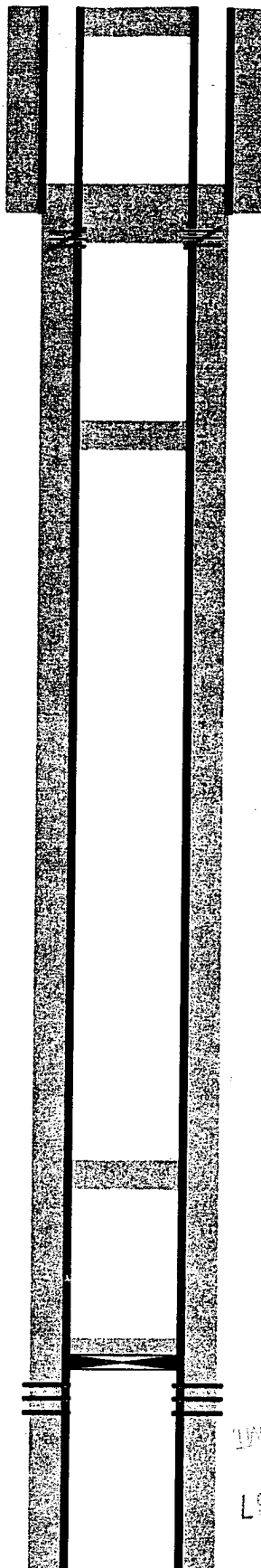
10sx Surface

35sx @ 566-466'

25sx @ 1150-1050'

30sx @ 2800-2700'

6/86-CIBP @ 3280'  
w/38'cmt PBTB-3242'



12-1/4" hole @ 516'  
8-5/8" csg @ 516'  
w/ 350sx-TOC-Circ

Perf @ 566'

7-7/8" hole @ 3745'  
5-1/2" csg @ 3745'  
w/1100sx-TOC-532'-CBL

Perfs @ 3332-3439'

TD-3745'

RECEIVED  
2003 MAY 23 AM 7:37  
FORWARD TO: J. T. MONT  
FORWARD TO: J. T. MONT  
FORWARD TO: J. T. MONT

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2. Name of Operator OXY USA WTP Limited Partnership		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 50250, Midland, TX 79710-0250	3b. Phone No. (include area code) 915-685-5717	7. If Unit or CA/Agreement, Name and/or No Myers Langlie Mattix Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 FSL 760 FWL NWSW(L) Sec 9 T24S R37E		8. Well Name and No. 230
		9. API Well No. 30-025-27004
		10. Field and Pool, or Exploratory Area Langlie Mattix 7Rvr Qn-GB
		11. County or Parish, State Lea NM

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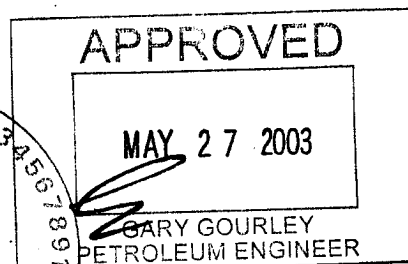
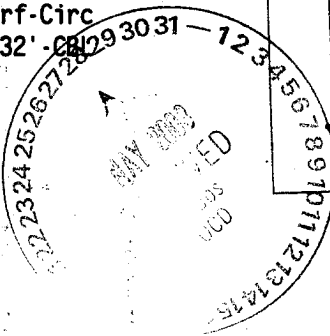
TYPE OF SUBMISSION	TYPE OF ACTION			
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<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
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14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) David Stewart	Title Sr. Regulatory Analyst
	Date 5/20/03

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GWW