

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OGD** State of New Mexico  
 Energy, Minerals and Natural Resources  
**APR 09 2014**  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
**RECEIVED** Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-11075</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA WTP Limited Partnership		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name <b>Myers Langlie Mattix Unit</b>
4. Well Location Unit Letter <b>H</b> : <b>2310</b> feet from the <b>north</b> line and <b>990</b> feet from the <b>east</b> line Section <b>9</b> Township <b>24S</b> Range <b>37E</b> NMPM County <b>Lea</b>		8. Well Number <b>221</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3269'</b>		9. OGRID Number 192463
		10. Pool name or Wildcat <b>Langlie Mattix 7R Qu GB</b>

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7. NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 4/1/2014 MIRU PU, NDWH, NU BOP
- 4/2/2014 RIH & tag cmt/CIBP @ 3027'. Circ hole w/ 10# MLF, M&P 45sx CL C cmt, Calc TOC 2756'. PUH to 2460', M&P 45sx CI C cmt w/ 2& CaCl2, PUH, WOC. RIH & tag cmt @ 2194', POOH.
- 4/3/2014 RIH w/ WL & perf @ 1393', POOH. RIH & set pkr @ 946', EIR @ 2BPM w/ full returns, M&P 65sx CL C cmt, WOC.
- 4/4/2014 RIH & tag cmt @ 1198', POOH. RIH w/ WL & perf @ 312', POOH. RIH & set pkr @ 30', EIR @ 2BPM w/ full returns. POOH w/ pkr, ND BOP, NU WH, M&P 115sx CL C cmt, circ to surface. RDPU.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *David Stewart* TITLE Sr. Regulatory Advisor DATE 4/7/14

Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only  
 APPROVED BY: *Mary Brown* TITLE Compliance Officer DATE 4/9/2014  
 Conditions of Approval (if any):

APR 14 2014