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Submit 3 Copies To Appropriate District	State of New Me			Form C-	
Office District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natur	ral Resources	WELL API NO.	May 27, 2	2004
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		30-025- 10-67-5 5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra Santa Fe, NM 8		STATE FEE D		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Salita Pe, Mill 8	6. State Oil & Gas Lease No. 8910138170 -			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:		
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC/ PROPOSALS.)	SALS TO DRILL OR TO DEEPEN O	OR PLUG BACK TO A	Myers Langlie M		
1. Type of Well: Oil Well 🔲 Gas Well 🔲	Other Injection		8. Well Number		
2. Name of Operator			9. OGRID Number		
OXY USA WTP Limited Partnership			192463		
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250			10. Pool name or Wildcat		
P.O. Box 50250 Midland. TX 79710-0250 Langlie Mattix 7Rvr On-GB 4. Well Location					
Unit Letter <u>M</u> : 9	<u>feet from the</u>	-1 line and -9	<u>40</u> feet from	n the west	line
Section 33		Range 37E	NMPM	County Lea	
	11. Elevation (Show whether	DR, RKB, RT, GR, etc	c.)		
Pit or Below-grade Tank Application	or Closure				
Pit type Depth to Groundwater _	Distance from nearest fresh	h water well Dis	tance from nearest surfa	ce water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume.	bbls; Constructio	n Material		
	ppropriate Box to Indicate NTION TO: PLUG AND ABANDON CHANGE PLANS	· · · ·			G []
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		ABANDONMENT	
OTHER:		OTHER: CIT - TA	Status		ΙXΙ
13. Describe proposed or completed of starting any proposed work). or recompletion.	SEE RULE 1103. For Multiple	rtinent details, and give e Completions: Attach	e pertinent dates, inc. wellbore diagram of	f proposed completion	
OXY USA WTP LP	requests to temporarily a	abandon this well	for possible fut	ire use.	;
TD	PBTD Per	rfs- <u>3474-3685</u>	Pkr /CIBP	3419	i
1. Notify BLM/N 2. RU pump true to <u>560</u>	NMOCD of casing integrity ck <u>וסויונס</u> , circulate w _# for 30 min.	well with treated	ance. Approv eressure d donment Expire	isstrating 10	4/18
I hereby certify that the information ab	ove is true and complete to the	best of my knowledge	and belief. I further	certify that any pit or belo	DW-
grade tank has been/will be constructed or cle	>sed according to NMOCD guideline	s, a general permit [or an (attached) alte	mative OCD-approved pl	an 🔲
SIGNATURE Vo'SET	TIT. E-r	LE <u>Sr. Regulat</u> nail address:	cory Analyst	DATE ulu (
Type or print name David Stewart			Telep	hone No. 432-685-55 NOV 1 7 200	
For State Use Only))) in k , OC FIE	LD REPRESE		INDA T I KUL	Ι(J
APPROVED BY Conditions of Approval, if any		D REPRESENTATIV	H/STAFF MANA	АТЕ	<u>. </u>
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