Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		30-025- 1106-1	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE 🗌 FEE	3
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87:	05		6. State Oil & Gas Lease No.	······
	ICES AND REPORTS ON WEL		<u>8910138170 -</u>	
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH		7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit	
1. Type of Well: Oil Well 🔀 Gas Well	Other		8. Well Number (95	
2. Name of Operator	· ·		9. OGRID Number	
OXY USA WTP Limited Part	nership		192463	
3. Address of Operator P.O. Box 50250 Midland.	TX 79710.0250		10. Pool name or Wildcat	
4. Well Location	TA / 9/10-0250		Langlie Mattix 7Rvr On-GE	٤
Unit Letter <u>B</u> :	660 feet from the Nor	L line and	feet from the e	st_line
Section 9		Range 37E		Lea
	11. Elevation (Show whether L			Lea
Pit or Below-grade Tank Application		····-		
Pit type Depth to Groundwat	er Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: m				
			_	
	Appropriate Box to Indicate	-	• ·	
NOTICE OF IN			SEQUENT REPORT OF	-
		REMEDIAL WORK		G CASING 🗌
	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. D PLUG AN ABANDO	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: CIT - TA	Status	
13. Describe proposed or comple of starting any proposed work or recompletion.	ted operations. (Clearly state all perts). SEE RULE 1103. For Multiple	tinent details, and give Completions: Attach	e pertinent dates, including estima wellbore diagram of proposed co	ated date
OXY USA WTP	LP requests to temporarily a	bandon this well	for possible future use.	
TD- 3608	PBTD- <u>3469</u> Per	fs- <u>3519-3608</u>		
1. Notify BL	M/NMOCD of casing integrity	test 24hrs in adv	2000	
2. RU pump t	ruck <u>11206</u> , circulate w	ell with treated w	Nater, pressure test casing	a
to <u>510</u>	# for 30 min.	This Approval	of Temporary	, ·
		Abandonment	Expires	
I hereby certify that the information	above is true and complete to the 1	est of my knowledge	and belief. I further certify that any	y pit or below-
grade tank has been/will be constructed of	r closed according to NMOCD guidelines	, a general permit	lor an (attached) alternative OCD-a	pproved plan 🕅
SIGNATURE	TITL	<u>ESr. Regulat</u> ail address:	ory Analyst DATE 1	23 06
Type or print name David Stewar	t L-m	an aun 633.	Telephone No. 43	2-685-5717
For State Use Only	$ \rangle \rangle$			~ ~ ~ ~ ~ ~
APPROVED BY Large	U. Wink Off	B D REPRESENTATI	VEN/STAFE MANDATE	2 5 2006
Conditions of Approval, if any:				

