

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 OCD
MAY 23 2016
RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-10901
5. Indicate Type of Lease STATE [ ] FEE [x]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Myers Langlie Mattix Unit
8. Well Number 71
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix 7R QN GB

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)
1. Type of Well: Oil Well [x] Gas Well [ ] Other Injection [ ]
2. Name of Operator OXY USA WTP LP
3. Address of Operator P.O. Box 50250 Midland, TX 79710
4. Well Location Unit Letter E : 1980 feet from the North line and 660 feet from the West line
Section 31 Township 23S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3325'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: MIT [x]

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TD- 3650' PBD- - Perfs- 3459-3647' Pkr- 3384'

- 1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 5/10/16, circulate well with treated water, pressure test casing to 570 # for 30 min.

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 5/19/16

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

For State Use Only

APPROVED BY: Bel Samano TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

1

2

3

4

5

6 AM

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11

NOON



Graphic Controls

DATE

5/10/16

BR 2221

HOBBS OGD  
MAY 23 2016  
RECEIVED

OKT  
S. J. J.

Mac  
L...

58  
588  
588

1000  
1000  
1000

E-31-235-37  
16 # 71

mpas  
RTO

BR  
5-25-16

