

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

Energy, Minerals and Natural Resources

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

HOBBS OCD
MAY 23 2016
RECEIVED

WELL API NO. 30-025-11027
5. Indicate Type of Lease STATE [] FEE [] Fee
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Myers Langlie Mattix Unit
8. Well Number 141
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix 7R QN GB
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3307'

SUNDRY NOTICES AND REPORTS ON WELLS
1. Type of Well: Oil Well [] Gas Well [] Other Injection [x]
2. Name of Operator OXY USA WTP LP
3. Address of Operator P.O. Box 50250 Midland, TX 79710
4. Well Location Unit Letter H : 1962 feet from the north line and 660 feet from the east line
Section 6 Township 24S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3307'

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- 3701 PBDT- 3667 Perfs- 3490-3657 Pkr- 3428

1. Notified NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 5/16/16, circulate well with treated water, pressure test casing to 620 # for 30 min.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE [Signature] TITLE Sr. Regulatory Advisor DATE 5/20/16 KH

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 5-25-16

Conditions of Approval (if any):

