

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

HOBBS OCD
 FEB 18 2017
 RECEIVED

WELL API NO. 30-025-26909
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B1167
7. Lease Name or Unit Agreement Name Myers Langlie Mattix Unit
8. Well Number 102
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix TR@GB
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3326'

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 Gas Well Other

2. Name of Operator
OXY USA WTP LP

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
 Unit Letter N : 660 feet from the South line and 1980 feet from the West line
 Section 36 Township 23S Range 36E NMPM County Lea

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

<p>NOTICE OF INT.</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> I</p> <p>TEMPORARILY ABANDON <input type="checkbox"/> C</p> <p>PULL OR ALTER CASING <input type="checkbox"/> A</p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>INT TO PA</p> <p>P&A NR <u>Am x</u></p> <p>P&A R _____</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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.

2/1/2017 MIRU PU, unseat pump, POOH w/ rods & pump. NU BOP & accumulator.
 2/2/2017 POOH w/ 2-3/8 tbg. RIH & set CIBP @ 3441', POOH. RIH w/ tbg & tag CIBP @ 3441'. Circ hole w/ 10# MLF.
 2/3/2017 M&P 45sx CL C cmt, PUH, WOC. RIH w/ tbg & tag cmt @ 3018'. PUH to 2921', M&P 30sx CI C cmt, PUH, WOC.
 2/6/2017 RIH w/ tbg & tag cmt @ 2652'. PUH to 1210', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 941', POOH. RIH w/ pkr, isolate holes @ 60-90', POOH. RIH to 561', M&P 60sx CI C cmt, PUH, M&P additional 20sx CL C cmt @ 90', circ cmt to surface, visually confirmed. RD BOP & accumulator. RDPU.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
 Restoration Due By 02-05-2018

Spud 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 2/9/17

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

For State Use Only
 APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 02/16/2017

Conditions of Approval (if any):