

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**  
**MAY 14 2018**  
**RECEIVED**

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.)		WELL API NO. 30-025-09551
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA WTP Limited Partnership		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name <u>Myers Langlie Mattix Unit</u>
4. Well Location Unit Letter <u>K</u> : <u>1930</u> feet from the <u>South</u> line and <u>1930</u> feet from the <u>West</u> line Section <u>12</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>241</u>
		9. OGRID Number 192463
		10. Pool name or Wildcat <u>Langlie Mattix TRQB</u>
		11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3344'</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>MIT</u> <input checked="" type="checkbox"/>	

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- 3607' PBD- — Perfs- 3436-3451' Pkr- 3392'  
OH-3467-3607'

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 4/18/18, circulate well with treated water, pressure test casing to 560 # for 30 min.

Witnessed by Kerry Foutner.

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 5/10/18

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

For State Use Only

APPROVED BY: Kerry Foutner TITLE Compliance Officer DATE 5-18-18  
 Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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DATE 4-18-18  
BR 2221

Graphic Controls



START

Annual WTC Test

oxy OSA with 200

Myers Langhite Matrix with # 241

30-025-09551

ser # 64742

CAC 3-10-18

1000#

57 AAS 550#

Egub 800#

32 min

Rory Fortner - OCB

Juan (Chemical Services)

END

~~XXXX~~

NOON  
Rec Mid Reg 5/7/18