

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

WELL API NO.  
 30-025-27089 ✓  
 5. Indicate Type of Lease  
 STATE  FEE  Fed   
 6. State Oil & Gas Lease No.

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 Injection  
 2. Name of Operator  
OXY USA WTP Limited Partnership  
 3. Address of Operator  
P.O. Box 50250 Midland, TX 79710  
 4. Well Location  
 Unit Letter G: 1980 feet from the North line and 1780 feet from the east line  
 Section 7 Township 24S Range 37E NMPM County Lea  
 8. Well Number 212 ✓  
 9. OGRID Number  
192463  
 10. Pool name or Wildcat  
Langlie Mattix TRQUGB  
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3306'

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- 3711 PBD- 3667 Perfs- 3404-3652 Pkr- 3306

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 4/13/18, circulate well with treated water, pressure test casing to 600 # for 30 min.

witnessed by Kenny Fortner.

Spud Date:

Rig Release Date:

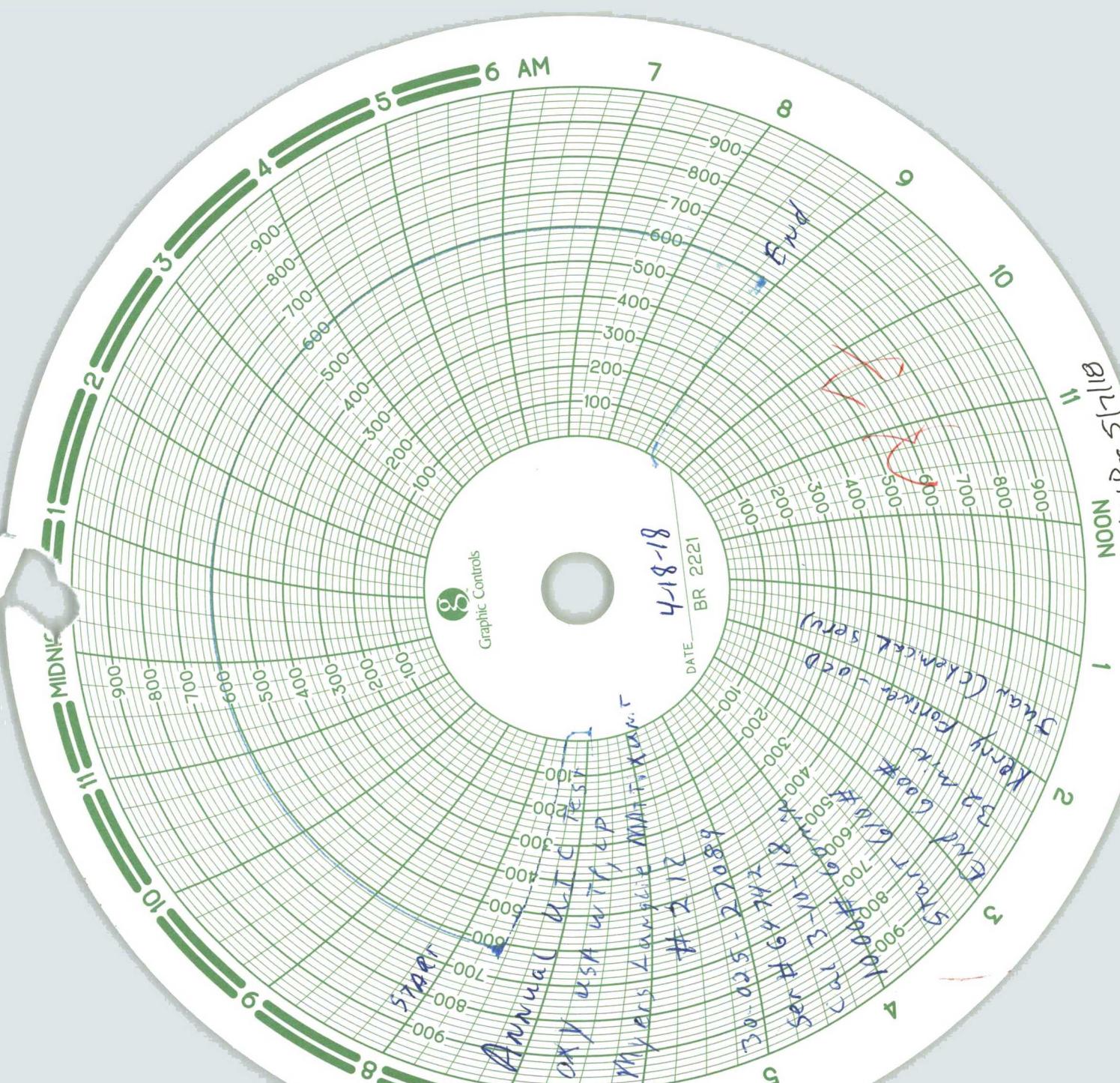
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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: Kenny Fortner TITLE Compliance Officer DATE 5-18-18  
 Conditions of Approval (if any):



Graphic Controls

4-18-18  
BR 2221

DATE

MIDN

NOON  
Rec Mid Reg 5/17/18

START

Annual d/c  
oxy use w/HP

Myers Sample MAT-FRAM

# 212

30-25-2708

Ser # 67478

Cal 3-11-18

1000#

500#

32 Mark

Kery Forter - ord

5 Start

End 600#

Team (check serv)

End

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3

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