Submit 3 Copies To Appropriate District	State of New		Form C-103			
Office District I	CHCLEV. WINDELAN AND INALITAL RESOURCES				ised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240		WELL A	WELL API NO.			
District II 811 South First, Artesia, NM 87210	OIL CONSERVAT	1	30-025-27384			
District III	2040 South Pacheco			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE FEE X		
2040 South Pacheco, Santa Fe, NM 87505		•	6. State 6	Oil & Gas Lease No	0.	
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CES AND REPORTS ON VIOSALS TO DEILL OR TO DEEP CATION FOR PERMIT" (FORM	EN OR PLUG BACK	TO A	Name or Unit Agre		
1. Type of Well: Oil Well Gas Well Other Injection						
2. Name of Operator				No.		
OXY USA WTP Limited Partnership 192463			53 185	185		
3. Address of Operator			9. Pool n	9. Pool name or Wildcat		
P.O. Box 50250 Midland, TX 4. Well Location	79710-0250		Langlie	Mattix 7Rvr Qn-	GB	
Unit Letter M:	660 feet from the	south line a	nd 660	_ feet from the	west line	
Section 3	Township 24\$	Range 37	7E NMPM	County	y Lea	
	10. Elevation (Show wheth			984	, 200	
11. Check A	Appropriate Box to Indic	cate Nature of N	otice, Report, o	or Other Data	errendedesconsonsonsonsonsonsonsonsonsonsonsonsonso	
NOTICE OF INT			•	NT REPORT () E∙	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL W			RING CASING	コ
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OPNS	. PLUG	AND [
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TES			JOHNEHI	
OTHER:	,	OTHER: MIT	- TA Status			
12. Describe Proposed or Complete of starting any proposed work). or recompilation.						
OXY USA WTP LP requests t	o temporarily abandon t	his well for po	ssible future ι	ıse.		
TD-3705' PBTD-3652'	Perfs-3489-3635'	PKR-3415		7.77	-123	
1. Notify BLM/NMOCD of ca	sing integrity test 24h	rs in advance.		20,20,20		
2. RU pump truck 7/29/03, to 560# for 30 min.	circulate well with tr	eated water, pr	essure test cas	sing /		
	This Approval o Abandonment Exp	f Temporary	2/8/08	- Co		
I hereby certify that the information above	is true and complete to the bes	t of my knowledge ar	nd belief.	 		
SIGNATURE SIGNATURE	— т	TTLE Sr. Regula	ntory Analyst	DATE_	7/4/03	
Type or print name David Stewart					432-685-5717	
(This space for State use)	001	DISTRICT SUPERVI	SOR/GENERAL A	MANAGER		
APPROVED BY Nus /C Conditions of approval, if any:	Tell a	ritl <u>e</u>		DATE SEP	0 9 2003	

