

Approved as to plugging of the Well Bore.

Liability under bond is retained until surface restoration is completed.

Form C-103

Revised March 25, 1999

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. 30-025-27385
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  Myers Langlie Mattix Unit
8. Well No. 192463 193
9. Pool name or Wildcat Langlie Mattix 7Rvr Qn-GB

**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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator OXY USA WTP Limited Partnership
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>west</u> line Section <u>10</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3252'	

11. 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"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

08/07/2003 CMIC: gary henrich  
miru key plugging rig #93,nd wh,nu bop,pick up & rih w/tbg.,tag up @ 3351',circ. hole w/salt gel,pooH w/ 25 jts tbg.,sisd!  
08/08/2003  
pump 25 sx cement plug from 2552' to 2305',pooH w/tbg.,ru w/ perf. @ 1209',try to pump into perfs.,press. to 1500# & held,called NMOCD-F.L. Gonzales, he said to perf. @ 1109',pooH,rd w/ rih w/pkr. & tbg. to 592',set pkr.,pump 35 sx cement,sisd!  
08/09/2003  
0# sip,release pkr. & pooH,riH w/tbg.,tag up @ 999',pooH,ru w/ rih & perf. @550',pooH,rd w/ rih w/pkr. & set @ 300',pump 35 sx cement.,sisd! sd for weekend  
08/12/2003  
0# sip,release pkr. & rih & tag @ 450',nd bop,fill 5 1/2" csg.w/ 45 sxs cmt.,pooH,rig unit down,move off loc.

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 Analyst DATE 9/2/03

Type or print name David Stewart

Telephone No. 432-685-5717

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER SEP 23 2003

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 23 2003  
Conditions of approval, if any: