

RECEIVED

MAR 03 2008

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-26910

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

8910138170

7. Lease Name or Unit Agreement Name:

Myers Langlie Mattix Unit

8. Well Number

128

9. OGRID Number

192463

10. Pool name or Wildcat

Langlie Mattix 7Rvr Qn-GB

(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 79710-0250

4. Well Location

Unit Letter C : 660 feet from the north line and 1730 feet from the west lineSection 4 Township 24S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: CIT - TA Status ☒

This Approval of Temporary Abandonment Expires

*Re-test***DENIED**

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

OXY USA WTP LP requests to temporarily abandon this well for possible future use.

TD- 3753' PBTD- 3670' Perfs- 3441-3601' Pkr/CIBP- 3359'

1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 212668, circulate well with treated water, pressure test casing to 440 # for 30 min.I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 2/28/08

Type or print name David Stewart

E-mail address:

Telephone No. 432-685-5717

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval, if any:

