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

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-09424

5. Indicate Type of Lease STATE ☐ FEE ☒

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

7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit

2. Name of Operator: Oxy USA WTP LP

8. Well No. 11

3. Address of Operator: 4008 N. Grimes PMB 269 Hobbs, New Mexico 88240

9. Pool name or Wildcat: Langlie Mattix 7RVR-QN-GB

4. Well Location

Unit Letter B : 660 feet from the North line and 1980 feet from the East line

Section 25 Township 23S Range 36E NMPM County Lea

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

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.

All requirements have been met for final abandonment.

RECEIVED

FEB 11 2008

HOBBS OCD

Junk Pipe / Orphan Tank Btry. on Location. 3-6-08

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

SIGNATURE Tony Summers TITLE HES Tech DATE

Type or print name Tony Summers Telephone No. 575-397-8236

(This space for State use)

APPROVED BY TITLE DATE

Conditions of approval, if any: