

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-10986 ✓

5. Indicate Type of Lease

STATE ☐FEE ☐

Fed ✓

6. State Oil & Gas Lease No.

Fed - U032339A

7. Lease Name or Unit Agreement Name:

G.H. Mattix ✓

8. Well Number

5 ✓

9. OGRID Number

16696 ✓

10. Pool name or Wildcat

Langlie Mattix TRGB ✓

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 Inc. ✓

3. Address of Operator

P.O. Box 50250 Midland, TX 79710-0250

4. Well Location

Unit Letter E : 1970 feet from the North line and 656 feet from the West lineSection 3Township 24SRange 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: Return to Injection ☒

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.

This well was returned to injection 11/1/08 injecting 70 BW @ 1000 psi.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 11/4/08

E-mail address:

Type or print name David Stewart

Telephone No. 432-685-5717

For State Use Only

APPROVED BY Camy M. Hill TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 13 2008

Conditions of Approval, if any: