

Office  
District I  
1625 N. French Dr., Hobbs, NM 87220  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

NOV 10 2008

WELL API NO. 30-025 - 10987 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. Fed - LC032339A
7. Lease Name or Unit Agreement Name: G.H. Mattix ✓
8. Well Number 6 ✓
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u> ✓	7. Lease Name or Unit Agreement Name: G.H. Mattix ✓
2. Name of Operator OXY USA Inc. ✓	8. Well Number 6 ✓
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. OGRID Number 16696 ✓
4. Well Location Unit Letter <u>0</u> : <u>660</u> feet from the <u>South</u> line and <u>1992</u> feet from the <u>East</u> line Section <u>3</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Langlie Mattix TRGB ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Return to Injection <input checked="" type="checkbox"/>	

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 631 BW @ 660 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 Carmy W. Hill TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 13 2008

Conditions of Approval, if any: