

Submit 3 Copies to Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 87201

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

HOBBS (11)

WELL API NO. 30-025-31676 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed ✓
6. State Oil & Gas Lease No. Fed - LCO 113
7. Lease Name or Unit Agreement Name: Eva F. Blinberry Federal ✓
8. Well Number 19 ✓
9. OGRID Number 16696 ✓
10. Pool name or Wildcat Langlie Mattix TRQGB ✓

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: Eva F. Blinberry Federal ✓
2. Name of Operator OXY USA Inc. ✓	8. Well Number 19 ✓
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. OGRID Number 16696 ✓
4. Well Location Unit Letter <u>H</u> : <u>1420</u> feet from the <u>north</u> line and <u>20</u> feet from the <u>east</u> line Section <u>34</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>Lea</u> ✓	10. Pool name or Wildcat Langlie Mattix TRQGB ✓

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 340 BW @ 450 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 NMOC 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 James M. Hill TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 13 2008

Conditions of Approval, if any: