

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87401  
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

Form C-103  
May 27, 2004

RECEIVED

OIL CONSERVATION DIVISION

MAR 19 2009

HOBBSOCD

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

WELL API NO. 30-025-28246
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 8910138170
7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit
8. Well Number 251
9. OGRID Number
10. Pool name or Wildcat Langlie Mattix 7Rvr Qn-GB
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 _____

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
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 <u>N</u> : <u>660</u> feet from the <u>south</u> line and <u>2097</u> feet from the <u>west</u> line Section <u>32</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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: MIT - TA Status <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.

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

TD-3750' PBTD-3269' Perfs-3354-3699' CIBP-3304'

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

2. RU pump truck 3/11/09, circulate well with treated water, pressure test casing to 570# 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 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 3/10/09  
E-mail address: \_\_\_\_\_

Type or print name David Stewart

Telephone No. 432-685-5717

For State Use Only

APPROVED BY Curry W. Hill TITLE DISTRICT 1 SUPERVISOR DATE MAR 20 2009  
Conditions of Approval, if any: \_\_\_\_\_

