

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

SEP 15 2010

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

HOBBSOCD

WELL API NO. 30-025-11013
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit
8. Well Number 130
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix 7Rvr On-GB

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, Injection <input checked="" type="checkbox"/>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3282'
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>A</u> : <u>647</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>east</u> line Section <u>5</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
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 ☐ 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: ☐

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 well log or log summary of proposed completion or recompletion.

9/8/10 MIRU, NDWH, NUBOP, Rel pkr, POOH to top of liner.

9/9/10 POOH w/ pkr, RIH w/ tbg to 3434' & spot 30sx cmt w/ 2% CaCl₂, PUH, WOC 4hrs.
RIH & tag cmt @ 3073'. Per NMOCDD request, spot 25sx cmt @ 3073', POOH w/ tbg, WOC.

9/10/10 RIH & tag cmt @ 2844', PU to 2710', circ hole w/ 10# MLF. Pressure test csg to 500psi for 30min, PUH w/ tbg and spot 25sx cmt @ 2710', Calc TOC @ 2463', POOH w/ tbg.
RIH w/ WL & perf @ 1230', RDWL. RIH & set pkr @ 872', EIR @ 2BPM w/ full returns, sqz 40sx cmt w/ 2% CaCl₂, let cmt equalize, Rel pkr, POOH, WOC.
RIH w/ WL & tag cmt @ 1040', PUH & perf @ 300', RDWL. EIR @ 2BPM w/ full returns out 5-1/2" X 8-5/8".
NDBOP, NUWH, sqz & circ 130sx cmt to surface. RDMO

Approved for plugging estimated date
of completion, including estimated date
of C-103 program of proposed completion
which may be found at OCD Web Page under
Forms, www.cmnrd.state.nm.us/oed.

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 NMOCDD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 9/14/10

Type or print name David Stewart E-mail address: david_stewart@oxy.com
Telephone No. 432-685-5717

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 9-16-10
Conditions of Approval, if any: