

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 87201
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Minerals and Natural Resources

Form C-103
May 27, 2004

RECEIVED

APR 06 2011

HOBBSOCD

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

WELL API NO. 30-025-11036
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 137
9. OGRID Number 192463
10. Pool name or Wildcat Langlie Mattix 7Rvr Qn-GB

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 _____

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"/>	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>D</u> : <u>660</u> feet from the <u>north</u> line and <u>626</u> feet from the <u>west</u> line Section <u>6</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312'	

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 checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input 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.

3/29/11 MIRU, NDWH, NU BOP, start to RIH w/ tbg
3/30/11 RIH & tag CIBP @ 3362', circ hole w/ 80bbl 10# MLF
Spot 25sx CI C cmt @ 3362', calc TOC 3209'
PUH to 2962', spot 30sx CI C cmt, calc TOC 2778'
PUH to 2191', spot 30sx CI C cmt, POOH, WOC
3/31/11 RIH & tag cmt @ 1974', PUH to 1354', spot 55sx CL C cmt w/ 2% CaCl₂, POOH, WOC
RIH & tag cmt @ 1026', PUH to 388', Pump 80sx CL C cmt cmt to surface
POOH, NDBOP, top off csg, RDMO

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.cmrnd.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 NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 4-6-11

Type or print name David Stewart

E-mail address:

Telephone No. 432-685-5717

For State Use Only

APPROVED BY [Signature] TITLE State Reg DATE 4-11-2011

Conditions of Approval, if any: