Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30- 025- 09419

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit 011007

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 10

3. Address of Operator: P.O. Box 50250 Midland, TX 79710-0250

9. Pool name or Wildcat: Langlie Mattix 7 Rvr Q-G 037240

4. Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 25 Township 23S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3351'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

MYERS LANGLIE MATTIX UNIT #10

MIRU PU 12/9/98, NDWH, NUBOP. REL PKR & POOH W/ TBG & PKR. RIH W/ CIBP & SET @ 3410', DUMP 35' CL C CMT ON TOP. CH W/ 10# MUD. POOH TO 2783', SPOT 25sx CL C CMT, POOH. PERF CSG @ 1345', EIR, M&P 40sx CL C CMT W/ 2% $CaCl_2$, WOC-3hrs. RIH & TAG CMT @ 1125'. PERF CSG @ 450', EIR, M&P 170sx CL C CMT W/ 2% $CaCl_2$, CIRC CMT BETWEEN 5-1/2" & 8-5/8" & FILL 5-1/2" CSG, POOH. ND BOP, RIH W/ 1jt TBG & SPOT 20sx CL C SURFACE PLUG. RDPU 12/15/98, NMOCD NOTIFIED BUT DID NOT WITNESS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Regulatory Analyst DATE 1/26/99

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY [signature] TITLE [signature] DATE 2-20-01

CONDITIONS OF APPROVAL, IF ANY:

JC S GWW