

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

1625 N. French Dr.

Hobbs, NM 88240

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

Lease Serial No.

8910138170 - LC057420

Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

OXY USA Inc.

16696

3a. Address

P.O. BOX 50250
MIDLAND, TX 79710-0250

3b. Phone No. (include area code)

915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330 FSL 330FWL SW SW (M) Sec 28 T23S R37E

7. If Unit or CA/Agreement, Name and/or No.

MYERS LANGLIE MATTIX UNIT
11007

8. Well Name and No.

47

9. API Well No.

30-025-10865

10. Field and Pool, or Exploratory Area

37240
LANGLIE MATTIX 7 RVRs Q-G

11. County or Parish, State

LEA NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input checked="" type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input checked="" type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FOR POSSIBLE FUTURE USE.

TD-3655, PBTD-3639, PERFS-3384-3614, PKR/GIDP-3329

1) NOTIFY BLM/NMOC D OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK 1010100, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 540 # FOR 30 MIN.

TH Approved For 12 Month Period
Ending 12/18/2000
By State

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

DAVID STEWART

Title

REGULATORY ANALYST

Signature

Date

11/21/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

12/18/2000

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

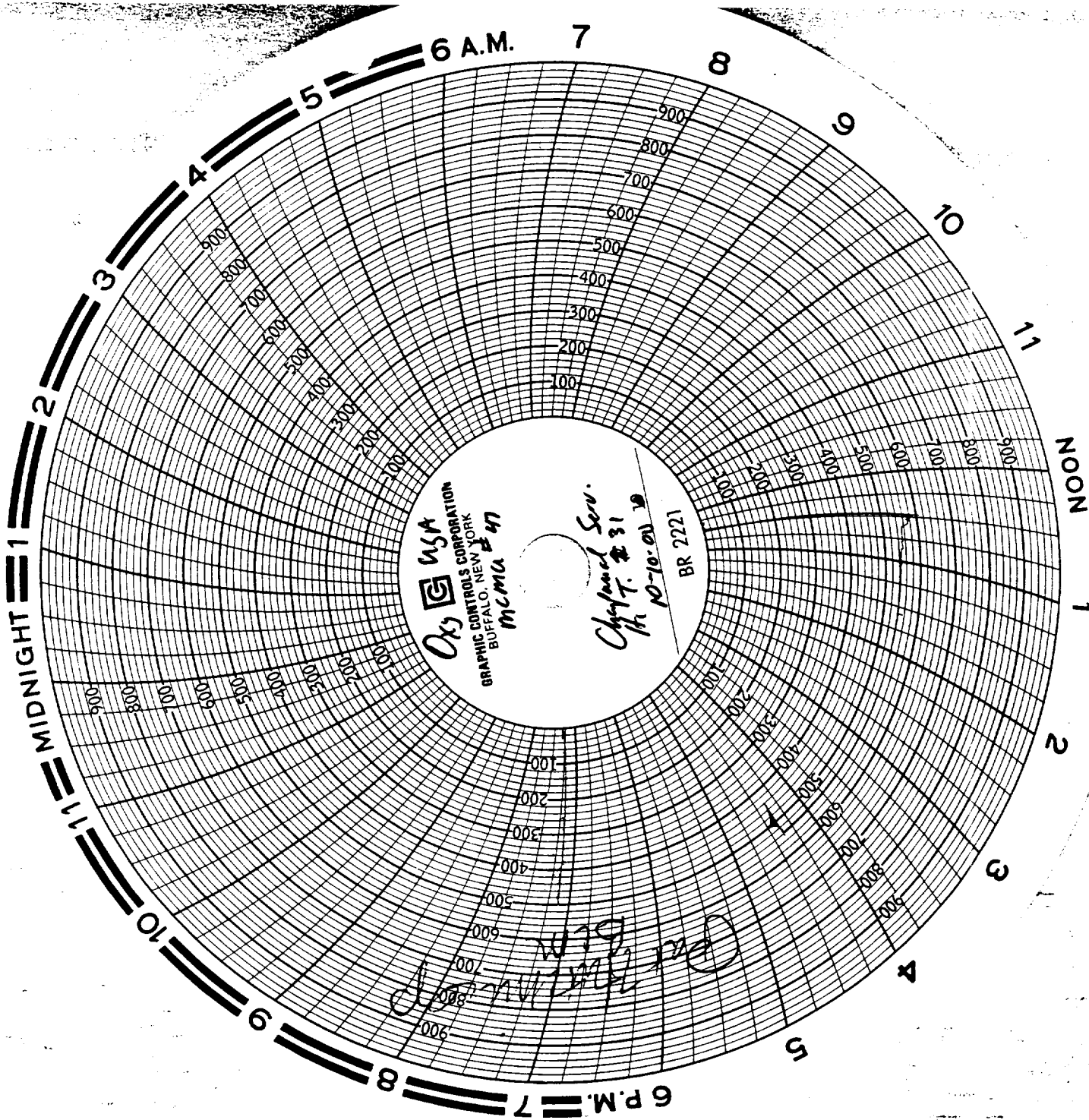
Office

CFC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

GW



Oxy WSA
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
mcma 47

Chapman Serv.
Chapman #31
10-10-61
BR 2221

For 7-10-61
W.S.A.