

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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)

1980 FNL 660 FNL SWNW(E) Sec 29 T23S R37E

5. Lease Serial No.  
8910138170 - NM2T721

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
MYERS LANGLIE MATTIX UNIT  
11007

8. Well Name and No.  
17

9. API Well No.  
30-025-10869

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	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<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 recomplete 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 recompletion 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-3760' PBTD-3745' PERFS-3542-3724' PKR/~~ETDP~~-3285'

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

2) RU PUMP TRUCK 10/10/00, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 540 # FOR 30 MIN.

TA Approved For 12 Month Period  
Ending 10/10/2001

Subject to  
Like Approval  
By State

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

DAVID STEWART

Title

REGULATORY ANALYST

Signature

[Signature]

Date

11/10/00

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

(ORIG. FILED) JOE B. LARA

Title

Petroleum Engineer

Date

12/14/2000

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

CFO

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)

GWW

