

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION
BOX 1980 APPROVED
HOBBBS NEW MEXICO 88240
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|---|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u> | 5. Lease Designation and Serial No. 8910138170 - LC032545b |
| 2. Name of Operator OXY USA Inc. 16696 | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P.O. Box 50250 Midland, TX 79710 915-685-5717 | 7. If Unit or CA, Agreement Designation Myers Langlie Mattix Unit 14953 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1979 FSL 1980 FEL NWSE Sec 31 T23S R37E | 8. Well Name and No. 96 |
| | 9. API Well No. 30-025-10907 |
| | 10. Field and Pool, or Exploratory Area Langlie Mattix 7 Rvr Q-G 37240 |
| | 11. County or Parish, State Lea NM |

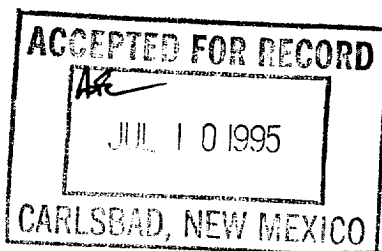
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input checked="" type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

See other side



14. I hereby certify that the foregoing is true and correct

Signed David Stewart Title Regulatory Analyst Date 6/7/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

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.

*See instruction on Reverse Side

ICBN

6/7/95

ATTACHMENT 3160-5
OXY USA INC.
MYERS LANGLIE MATTIX UNIT #96
SEC 31 T23S R37E
LEA COUNTY, NM

TD - 3618'

OH - 3447-3618'

MIRU PU 12/21/94, NU BOP, RIH & TAG @ 3595', CLEAN OUT TO 3618'.
RIH W/ GR/CCL. ACIDIZE W/ 5000 GAL-15% NEFE HCL ACID. SITP-50#,
RIH W/ GUIB G-6 PKR & 2-3/8 TBG @ SET @ 3379'. CIRC WELL W/ PKR
FLUID, ND BOP, NUWH & TEST TO 300# FOR 15 MIN, HELD OK, RDP
12/28/94. SI W/O INJECTION PERMIT. PUT WELL ON INJECTION 5/3/95
@ 144 BWPD @ 700#.

RECEIVED
JUL 13 1995
W. C. HOBBS
OFFICE