

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION  |
|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                        |
| <input 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.)

TD - 3618' Perfs - 3447' - 3618'

See other side

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

Signed David Stewart Title David Stewart - Reg. Analyst Date 12/16/94

(This space for Federal or State office use)

Approved by Subject to Title Like Approval Date 6/6/95

Conditions of approval, if any:  
**By State**

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