

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
☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator
OXY USA Inc. 16696

3. Address and Telephone No.
P.O. Box 50250 Midland, TX 79710 915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FSL 1980 FWL SESW Sec 31 T23S-R37E

N.M. OIL CO. FORM 3160-5
P.O. BOX 1980
CARLSBAD, NEW MEXICO 88240
Expires: March 31, 1993
5. Lease Designation and Serial No.
8910138170 - LC0325456
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
Myers Langlie Mattix Unit
14953
8. Well Name and No.
106
9. API Well No.
30-025-10911
10. Field and Pool, or Exploratory Area 37240
Langlie Mattix 7 Rvr Q-G
11. Country or Parish, State
Lea NM

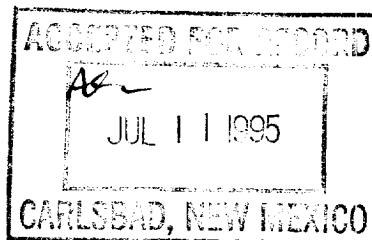
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|--|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input checked="" type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other _____ | <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 6/2/95
(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

LC BA

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copy

ATTACHMENT 3160-5
OXY USA INC.
MYERS LANGLIE MATTIX UNIT #106
SEC 31 T23S R37E
LEA COUNTY, NM

TD - 3740'

PBTD - 3680'

PERFS - 3417-3632'

MIRU PU 12/28/94, NU BOP, RIH & TAG @ 3596', MILL & CLEAN OUT TO 3680'. RIH & SET PKR @ 3414' & TEST TO 650#, HELD OK. PERF QUEEN W/ 1SPF @ 3545-76, 3592-3607, 11-16, 25-3632'. ACIDIZE W/ 3000 GAL 15% NEFE HCL ACID. SITP-50#, RIH W/ GUIB G-6 PKR & 2-3/8 TBG @ SET @ 3354'. CIRC WELL W/ PKR FLUID, ND BOP, NUWH & TEST TO 600# FOR 30 MIN, HELD OK, RDPU 1/5/95. SI W/O INJECTION PERMIT. PUT WELL ON INJECTION 5/3/95 @ 211 BWPD @ 280#.

1995