	Submit 3 Copies To Appropriate District Office	-	State of New Mexico nergy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999			
	District I 1625 N. French Dr., Hobbs, NM 88240 District II		OIL CONSERVATION DIVISION			WELL API NO. 30-025- 10919		
	District III 2040 South Pacheco			1	5. Indicate Type of Lease STATE FEE STATE			
	1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			7505		Gas Lease No.	<u>. </u>	
ſ	2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit AgreementName:			
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH							
	ROPOSALS.) Type of Well: Oil Well 🔀 Gas Well 🔲 Other				MYERS LANGI	LIE MATTIX UN	ľΤ	
	Name of Operator OXY USA WTP Limited Partnership 192463				8. Well No. 56			
	3. Address of Operator		9. Pool name or Wildcat LANGLIE MATTIX 7RVR-QN-GB					
}	P.O. BOX 4. Well Location	50250 MIDLAND, 7	1X 79710-0	250	LANGLIE MAI	11X /KVK-QN-G	iB .	
	Unit Letter B:	330 feet from t	he <u>Nor</u>	Ine and Z	ZLO feet fro	om the East	line	
-	Section 32			inge 37E	NMPM	County LE	A	
	10. Elevation (Show whether DR, RKB, RT, GR, etc.)							
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
	NOTICE OF IN PERFORM REMEDIAL WORK		ON 🗆	SUBS REMEDIAL WORK	EQUENT RE	PORT OF: ALTERING CAS	SING 🗆	
	TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMEN	_{.i.T} [28]	
	PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND		ADANDONMEN	••	
	OTHER:			OTHER:				
-	12. Describe proposed or complet of starting any proposed work or recompilation.	ed operations. (Clearly). SEE RULE 1103. F	tinent details, and gi Completions: Attach	ve pertinent dates wellbore diagran	, including estima n of proposed com	ted date		
						,		
See other side								
	Approved as to Plugging of the Well Bore.							
	Liability under bond is retained until Surface restoration is completed.							
		2	Surface res	oration is comple	itea.			
	I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
	SIGNATURE Son'S	///	TITLE_	REGULATORY A	NALYST	DATE z\(401.	
	Type or print name DAVID STEWART				Telephone No.915-685-5717			
2	(This space for State use)					IAN O	วากปัง	
C G	APPPROVED BY	wante	TITLE_			DATAN		
,	Conditions of approval, if any Condition of approval, if any Condi	esentative II/ sta fi I	f manage	₹			٠,	

MLMU # 56

12/1/2000

MIRU. ATL Flange for WH. NU BOP SI

12/4/2000

RIH w/110 jts Tag CIBP at 3475. Displace hole. Test csg. Pump into leak at 3bbl Min at 500 #. Pump 30 sks cmt plug 3475 est TOC 3186. WOC Overnight.

12/5/2000

Tag cmt 3125 Pull Tbg run pkr 31 jts. Set pkr at 984 test 984 to 3125 to 600 # Held. ATL csg leaks 984 to surf. Isolate leak @ 791 to 728. Pull Pkr RIH 99 jts to 3125 pump 20 sks gel. PU to 2718 pump 25 sks cmt. WOC Tag 2444 perf sq holes at 1280. Run pkr 34 jts set pkr 1076 pump 35 sks cmt WOC overnight.

12/6/2000

Tag cmt at 1105 POOH. Run Pkr 16 jts set Pkr at 506 squeeze 40 sks cmt. WOC. Tag cmt at 635 perf 387 squeeze 100 sks cmt 387 to surf. RD Well Plugged.

\$21,236.00