

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| WELL API NO.                 | 30-025-10934                                                           |
| 5. Indicate Type of Lease    | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |                                                                        |

|                                                                                                                                                                                                                 |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 PROPOSALS.)          |                                                                             |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                               | 7. Lease Name or Unit Agreement Name<br>Myers Langlie Mattix Unit<br>011007 |
| 2. Name of Operator<br>OXY USA Inc. 16696                                                                                                                                                                       | 8. Well No.<br>88                                                           |
| 3. Address of Operator<br>P.O. Box 50250 Midland, TX 79710-0250                                                                                                                                                 | 9. Pool name or Wildcat<br>037240<br>Langlie Mattix 7 Rvr Q-G               |
| 4. Well Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line<br>Section <u>33</u> Township <u>23S</u> Range <u>37E</u> NMPM Lea County |                                                                             |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3274                                                                                                                                                      |                                                                             |

|                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                     |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: <input type="checkbox"/>                                               | OTHER: <input type="checkbox"/>                     |
| PLUG AND ABANDON <input checked="" type="checkbox"/>                          | ALTERING CASING <input type="checkbox"/>            |
| CHANGE PLANS <input type="checkbox"/>                                         | PLUG AND ABANDONMENT <input type="checkbox"/>       |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MLMU #88

TD-3626' PBTD-3614' PERFS-3428-3613'

8-5/8" 22.7# CSG @ 371' W/ 300sx, 12-1/4" HOLE, TOC-SURF-CIRC  
5-1/2" 15.5# CSG @ 3625' W/ 800sx, 7-7/8" HOLE, TOC-930'-TS

1. RIH & SET CIBP @ 3378', DUMP 5sx CMT ON TOP
2. M&P 25sx @ 3144-2956'
3. M&P 25sx @ 2728-2540'
4. M&P 25sx @ 2476-2288'
5. M&P 25sx @ 1454-1266'
6. PERF & SQZ @ 421', M&P 35sx CMT TO 321'
7. M&P 10sx SURF PLUG

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Regulatory Analyst DATE 9/10/98  
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY GARY WINK TITLE FILED DATE SEP 29 1998  
CONDITIONS OF APPROVAL, IF ANY: