

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator
OXY USA Inc. 16696

3a. Address
P.O. BOX 50250
MIDLAND, TX 79710-0250

3b. Phone No. (include area code)
915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FSL 660 FWL SWSW (M) Sec 34 T23S R37E

5. Lease Serial No.
8910138170 - LC 065722

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
MYERS LANGLIE MATTIX UNIT
11007

8. Well Name and No.
117

9. API Well No.
30-025-10951

10. Field and Pool, or Exploratory Area
37240
LANGLIE MATTIX 7 RVRS Q-G

11. County or Parish, State
LEA NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input checked="" type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other <u>TA Status</u>

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

TD-3700' PBTD-3652' PERFS-3439-3564' PKR/CIBP-3341'

OXY USA INC. REQUESTS TO EXTEND THE TEMPORARILY ABANDON STATUS APPROVAL. FUTURE PLANS ARE TO REVIEW THE WATERFLOOD PATTERN AND THIS WOULD ALLOW US TO USE THIS WELL FOR WATER INJECTION. IT PASSED A CASING INTEGRITY TEST

5/12/97

TA Approved For 12 Month Period

Ending 5/12/2001

Subject to
Like Approval
By State

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

DAVID STEWART

Title

REGULATORY ANALYST

Signature

Date

8/2/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ONIC SEC.) JOE G. LARA

Title

Petroleum Engineer

Date

8/22/2000

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

CFO

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.

174-23271-2329 10/13/2000

Received
HHS
OCD