Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103	
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-025- 2568	
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District III 2040 South Pacheco					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505				o. State On &	31327
SUNDRY NOTICES AND REPORTS ON WELLS					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					
PROPOSALS.)					
1. Type of Well:				MYERS LANGLIE MATTIX UNIT	
Oil Well Gas Well Other Injection					
2. Name of Operator	Ino		16606	8. Well No.	11
OXY USA Inc. 16696  3. Address of Operator				9. Pool name or Wildcat	
P.O. BOX 50250 MIDLAND, TX 79710-0250				LANGLIE MATTIX 7RVR-QN-GB	
4. Well Location					
Unit Letter O :	feet from the	Dony	line and	feet fro	om the East line
Section 32	Township 7	35 R	ange ろつモ	NMPM	County LEA
Bedion	10. Elevation (Show )				County LEA
11. Check Ap	propriate Box to In	dicate N	ature of Notice, F	Report or Other	Data
NOTICE OF INT	ENTION TO:		SUBS	SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	ı 🗆	REMEDIAL WORK		ALTERING CASING $\square$
TEMPORARILY ABANDON			LING OPNS.	PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	D $\square$	ABANDONMENT
		_		- 1-4 -1	
OTHER:		Ш	<u> </u>	12 AT & T	<u> </u>
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. For Multiple Completions: Attach wellbore diagram of proposed completion					
or recompilation.					
OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FOR POSSIBLE FUTURE USE.					
TD-3777' PBTD-3702' PERFS-3385-3682' PKR/eibp-3337'					
1) NOTIFY BLM/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.					
2) RU PUMP TRUCK LOULOO, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 570 # FOR 30 MIN.					
					, ,
		This	Approval of Te	mporary ///	29/2005
		$AbM_i$	raonment Exp	res	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
	+			(	
SIGNATURE // /	<u> </u>	_TITLE_	REGULATORY A	NALYST `	DATE U(21/00
Type or print name DAVID S	TEWART			Tala	ephone No.915-685-5717
(This space for State use)		<del>.</del>	(3.a)	1010	-priorie 110.715-003-3/1/
( spare ior said ass)				Total	
APPPROVED BY		TITLE_			DATE
Conditions of approval, if any:					

ICSN

