

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.A. 111 CONS. COMMISSION
P.O. BOX 1980
HOBBBS NEW MEXICO 88240
BUDGET BUREAU NO. 1004-0135
Expires: March 31, 1993

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 <u>Water Injection</u>	5. Lease Designation and Serial No. 8910138170 - <u>NM 21644</u>
2. Name of Operator OXY USA Inc. 16696	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 50250 Midland, TX 79710-0250 915-685-5717	7. If Unit or CA, Agreement Designation Myers Langlie Mattix Unit 011007
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1980 FSL 760 FEL NESE(I) Sec 25 T23S R36E</u>	8. Well Name and No. <u>32</u>
	9. API Well No. <u>30-025-25736</u>
	10. Field and Pool, or Exploratory Area <u>Langlie Mattix 7 Rvr O-G 037240</u>
	11. County or Parish, State Lea NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
☒ Notice of Intent	☐ Abandonment
☐ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other <u>Request TA Status Extension</u>
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ 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.)*

TD - 3731'

PERFS - 3478-3630'

Packer
CIBP - 3396'

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 REACTIVATE THIS WELL FOR WATER INJECTION. IT PASSED A CASING INTEGRITY TEST 11/19/93.

Approved For 12 Month Period

Ending 11/30/96

14. I hereby certify that the foregoing is true and correct

Signed

David Stewart

Title

David Stewart

Regulatory Analyst

Date

5/6/96

(This space for Federal or State office use)

Approved by

Title

Deborah L. Smith

Date

5/30/96

Conditions of approval, if any: