Submit 3 Copies To Appropriate District	State of New M		Form C		
Office District I	Energy, Minerals and Nat	WELLABINO	Revised March 25.	1999	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025- <b>マケラリ</b>			
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION	5. Indicate Type of Lease			
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410			STATE S FEE		
District IV Santa Fe, INIVI 8/303			6. State Qil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505			B13		
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)  1. Type of Well:	7. Lease Name or Unit AgreementName:  MYERS LANGLIE MATTIX UNIT				
Oil Well Gas Well Other  2. Name of Operator			8. Well No.		
OXY USA WTP Limited Partnership 192463			92		
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250			9. Pool name or Wildcat LANGLIE MATTIX 7RVR-QN-GB		
4. Well Location	,	1			
Unit Letter 3 : U	180 feet from the South	line and 19	80 feet fro	m the East	_line
Section 32	Township 23S R	ange 37E	NMPM	County LEA	
	10. Elevation (Show whether D		)		
11 Check An	propriate Box to Indicate N	ature of Notice R	eport or Other	Data	
11. Check Appropriate Box to Indicate Nature of Notice, I NOTICE OF INTENTION TO: SUB			EQUENT REI		
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CASIN	G □
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
	MULTIPLE  COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER: MIT	-TA Stat	us e	X
12. Describe proposed or completed of starting any proposed work). So or recompilation.					
OXY USA INC. REQUEST	'S TO TEMPORARILY ABAN	DON THIS WELL	FOR FOR POSSI	BLE FUTURE	
USE.				IDED TOTORD	
TD- <b>3758</b> / PE	TD	يو. / 10 <del>25-</del> کا	ZB/CTRD_ <b>~~U_7~</b>	,	
RIH & SO+ CIBP	@ 3477 10173100	•	<del></del>	-	
1) NOTIFY BLM/NMOCD	OF CASING INTEGRITY T	EST 24 HRS IN A	ADVANCE.		
2) RU PUMP TRUCK 31	ران , CIRCULATE WE	LL WITH TREATE	WATER, PRES	SURE TEST	
casing to 500 #	FOR 30 MIN.		·		
		,			
I hereby certify that the information al	bove is true and complete to the	best of my knowledg	e and belief.		
SIGNATURE Var Stay	TITLE_	REGULATORY A	NALYST	DATE 3/21/0	<u> </u>
Type or print name DAVID ST	TEWART		Telej	ohone No.915-685-5	717
(This space for State use)		- (- 1) - (-			
APPPROVED BY	TITLE	A STATE OF STATE OF	. 2 24	DATE	- 1
Conditions of approval, if any:	THE			_DATE	
		TO ARD OWN TO THE RESERVE OF THE	of Temporary Expires	5/18/06	

