State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office: En. , y, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-26908 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 🔀 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 8910138170 -ろいろみて SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Myers Langlie Mattix Unit 1. Type of Well: Oil Well 🔀 Gas Well 🔲 Other 8. Well No. 2. Name of Operator 19246 OXY USA WTP Limited Partnership 9. Pool name or Wildcat 3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250 Langlie Mattix 7Rvr Qn-GB 4. Well Location : 1980 feet from the South line and 760 feet from the west Unit Letter 37 ろみ Township 2.3 Range **NMPM** County Lea Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON ABANDONMENT CASING TEST AND MULTIPLE **PULL OR ALTER CASING** COMPLETION CEMENT JOB X OTHER: MIT - TA Status OTHER: 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 WTP LP requests to temporarily abandon this well for possible future use. Perfs- 3440-3677 Pkr/CIBP- 3350 PBTD- 3350 1. Notify BLM/NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 1/22/03, circulate well with treated water, pressure test casing to 690 # for 30 min. Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory Analyst Telephone No. 915-685-5717 Type or print name David Stewart OC FIELD REPRESENTATIVE II/STAFF MANAGE (This space for State use) APPROVED BY Conditions of approval, if any

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