Submit 3 Copies to Appropriate District Office District I

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 District II P.O. Drawer DD, Artesia, NM 88210 District III 1000 Rio Brazos Rd. Aztec, NM87410		30 - 025 - 32535 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. B1327					
				SUNDRY NOTICES AND REPORTS ON WELLS			
				(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSALS							
Type of Well: OIL WELL X WELL OTHER		MYERS LANGLIE MATTIX UNIT					
2. Name of Operator OXY USA INC.		8. Well No. 264					
3. Address of Operator		9. Pool name or Wildcat					
P.O. Box 50250 Midland, TX 79710		LANGLIE MATTIX 7RVR Q-G					
4. Well Location							
Unit LetterL : 1,400 Feet From TheSOUTH	Line and160	Feet From The	WEST Line				
Section 32 Township 23 S	Range 37 E	NMPM LEA	County				
10. Elevation <i>(Show)</i> 3,305	whether DF, RKB, RT, GR, etc.)						
11. Check Appropriate Box to Indicat	e Nature of Notice, Repo	ort, or Other Data					
NOTICE OF INTENTION TO:		QUENT REPOR	T OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING					
			<u> </u>				
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND	ABANDONMENT				
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB X					
OTHER:	OTHER: SET PROD	UCTION CASING & CE	MENT X				
12.Describe Proposed orCompleted Operations (Clearly state all pertinent of work) SEE RULE 1103.	letails, and give pertinent dates, n	cluding estimated date of startin	ng any proposed				
DRILL 7-7/8" HOLE TO TD OF 3900' @ 0730HRS MDT 6/5-1/2" 15.5# CASING & SET @ 3900'. M&P 800sx CL C V 50-50 H/POZ W/ 3#/sx KCL + .3% FL-52, DISPLACE W/ WOC. NMOCD NOTIFIED DID NOT WITNESS. ND BOP COMPLETION UNIT.	W/ 15#/sx SALT + 1/4#/s FW, PLUG DOWN @ 0533	x CELLO-FLAKE FOLLO 7HRS MDT 6/28/94, CIR	OWED BY 150sx IC 74sx TO PIT,				
Thereby certify that the information above is true and complete to the best of my knowled SIGNATURE DAVID OTEWARD.	edge and belief		DATE 07 06 94				
TYPE OR PRINT NAME DAVID STEWART		TELEPHONE N	o. 915 685-5717				
(This space for State Use)		MOTX32 YRR31 YB AC2IVR34UB	JUL II 1991				
APPROVED BY			DATE				