

Submit 3 Copies
to Appropriate
District Office

District I
P.O. Box 1980, Hobbs, NM 88240

District II
P.O. Drawer DD, Artesia, NM 88210

District III
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

SUNDRY NOTICES AND REPORTS ON WELLS (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: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. State Oil & Gas Lease No. B1327
2. Name of Operator OXY USA INC.	7. Lease Name or Unit agreement Name MYERS LANGLEIE MATTIX UNIT
3. Address of Operator P.O. Box 50250 Midland, TX 79710	8. Well No. 264
4. Well Location Unit Letter L : 1,400 Feet From The SOUTH Line and 160 Feet From The WEST Line Section 32 Township 23 S Range 37 E NMPM LEA County	9. Pool name or Wildcat LANGLIE MATTIX 7RVR Q-G
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,305	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: SPUD, SET SURFACE CASING & CEMENT ☒

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.

MIRU EXETER #70, SPUDDED 12-1/4" HOLE @ 0615HRS MDT 6/21/94, DRILL TO TD @ 403', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 403', M&P 260sx CL C W/ 2% CACL2 + 1/4#/sx CELLO-FLAKE, DISPLACE W/ FW, PLUG DOWN @ 1530HRS MDT 6/21/94, CIRC 20sx CMT TO PIT, NMOCD NOTIFIED DID NOT WITNESS, WOC-8HRS. NU BOP & TEST, DRILL OUT & TEST, DRILL AHEAD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 07 06 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR DATE JUL 11 1994
CONDITIONS OF APPROVAL, IF ANY: