Submit 3 Copies to Appropriate District Office District I

State of New Mexico

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
District II P.O. Box 2088 P.O.Drawer DD, Artesia, NM 88210 Santa Fe. New Mexico 87504_2088	30 - 025 - 32536
P.O.Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 District III	5. Indicate Type of Lease
1000RioBrazos Rd.Aztec,NM87410	STATE X FEE
	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	B1327
(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.)	7. Lease Name or Unit agreement Name
1. Type of Well: OIL WELL WELL OTHER	MYERS LANGLIE MATTIX UNIT
2. Name of Operator OXY USA INC.	8. Well No.
3. Address of Operator	265
P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat
4. Well Location	LANGLIE MATTIX 7RVR Q-G
Unit Letter K : 1,460 Feet From The SOUTH Line and 1,340	Feet From The WEST Line
Section 32 Township 23 S Range 37 E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,301	County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
DEDICON DENGE	
TEMPORARIUM ARABANIA MORK	ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ARANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB X	
12 Describe Proposed O 1 + 1 - 0	CTION CASING & CEMENT X
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, ncluding estimated date of starting any proposed work) SEE RULE 1103.	
HONG SEE HOLE 1103.	
DRILL 7-7/8" HOLE TO TD OF 3750' 7/25/94 CHC BIH W/ CRD ON CR BUT WAS	
DRILL 7-7/8" HOLE TO TD OF 3750' 7/25/94, CHC. RIH W/ SPD-CNS-GR-DLL-MSFL-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3750'. M&P 750sx CL C LITE W/ 15#/sx SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + 3% FL-52 DISPLACE W/ FW RILLO POWED BY 150sx 50-50	
NMOCD NOTIFIED DID NOT WITNESS, WOC. REL RIG @ 0200HRS 7/27/94. SI WO CIMPLETION UNIT.	
C 3233 III O 1/27/34. OI WO GIMPLE HON UNIT.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE W. 18-1	
TITLE REGULATORY AN	NALYST DATE 08 10 94
TYPE OR PRINT NAME DAVID STEWART	TELEPHONE NO. O4 F COS FETA
(This space for State Use)	
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APPROVED BY TIME 1994 (1997)	AIIC 4 9 TUUL
	DATE
CONDITIONS OF APPROVAL, IF ANY:	