

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 <input checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit agreement Name MYERS LANGLE MATTIX UNIT
2. Name of Operator OXY USA INC.	8. Well No. 265
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat LANGLIE MATTIX 7RVR Q-G
4. Well Location Unit Letter <u>K</u> : <u>1,460</u> Feet From The <u>SOUTH</u> Line and <u>1,340</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>23 S</u> Range <u>37 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,301	

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 ROD RIC #10, SPUDDED 12-1/4" HOLE @ 1430HRS MDT 7/21/94, DRILL TO TD @ 395', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 393', M&P 260sx CL C W/ 2% CACL2 + 1/4#/sx CELLO-FLAKE, DISPLACE W/ FW, PLUG DOWN @ 2105HRS MDT 7/21/94, CIRC 32sx CMT TO PIT, NMOCN 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 26 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL FILED BY JERRY SEXTON
DISTRICT SUPERVISOR

JUL 28 1994