Submit 3 Copies to Appropriate District Offices

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

WELL API NO. 30- 025- 10979

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B9974

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.)

7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit 011007

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 155

3. Address of Operator: P.O. Box 50250 Midland, TX 79710-0250

9. Pool name or Wildcat: Langlie Mattix 7 Rvr Q-G 037240

4. Well Location
Unit Letter F : 1964 Feet From The North Line and 1986 Feet From The West Line

Section 2 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

MLMU #155
TD-3586' PBTD-3341' PERFS-3428-3567' CIBP-3378' W/37'CMT

8-5/8" 24# CSG @ 372' W/ 250sx, 12-1/4" HOLE, TOC-CIRC
5-1/2" 14# CSG @ 3428' W/ 1220sx, 7-7/8" HOLE, TOC-CIRC

1. M&P 25sx @ 3345-3163'
2. M&P 60sx @ 2740-2300'
3. M&P 25sx @ 1440-1258'
4. M&P 25sx @ 422-240'
5. M&P 10sx CMT SURFACE PLUG.

10# MLF BETWEEN PLUGS.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

SIGNATURE [signature] TITLE Regulatory Analyst DATE 9/8/98

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 03 1998

CONDITIONS OF APPROVAL, IF ANY:

JC

RJC
40

OXY USA INC. PROPOSED
MYERS LANGLIE MATTIX UT #155
SEC 2 T24S R37E LEA NM

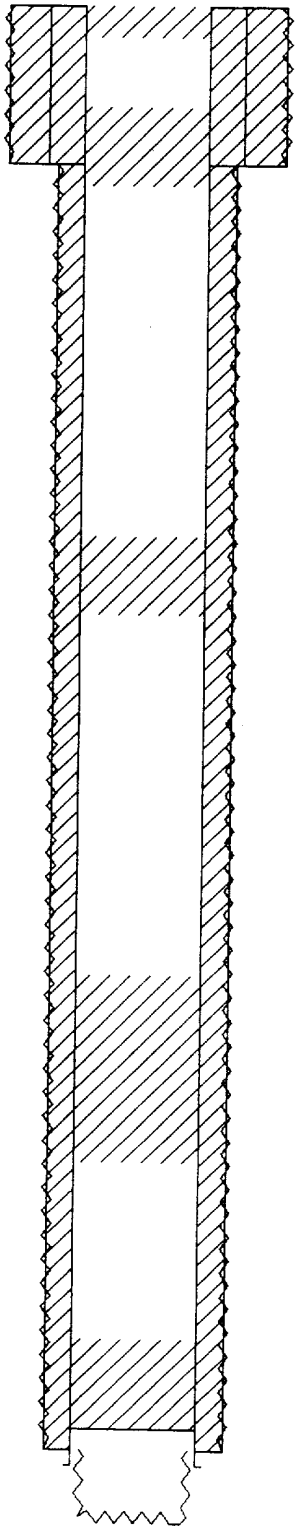
0.0 - 75.0' CEMENT PLUG 10sx

240.0 - 422.0' CEMENT PLUG 25sx

1258.0 - 1440.0' CEMENT PLUG 25sx

2300.0 - 2740.0' CEMENT PLUG 60sx

3163.0 - 3345.0' CEMENT PLUG 25sx
3341.0 - 3378.0' CEMENT PLUG
3378.0 - 3378.0' CIBP



TD: 3586'

0.0 - 372.0' 12 1/4" OD HOLE
0.0 - 372.0' CEMENT 250sx-CIRC
0.0 - 372.0' 8 5/8" OD SURF CSG

372.0 - 3428.0' 7 7/8" OD HOLE
0.0 - 3428.0' CEMENT 1220sx-CIRC
0.0 - 3465.0' 5 1/2" OD PROD CSG

3428.0 - 3586.0' 4 3/4" OD HOLE

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State of New Mexico
Energy, Minerals and Natural Resources Depart.

OIL CONSERVATION DIVISION

P.O. Box 2088
Sante Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
OXY USA INC.	30 025 10979
Address: P.O. BOX 50250, MIDLAND, TX 79710	

New Well ☐ Change in Transporter of: ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator: TEXACO EXPLORATION & PRODUCTION INC, P.O. BOX 730, HOBBS, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
MYERS LANGLIE MATTIX UNIT	155	LANGLIE MATTIX 7 RVRS Q GRAYBURG	STATE	B9974

Location
Unit Letter F : 1964 Feet From The NORTH Line and 1986 Feet From The WEST Line
Section 2 Township 24S Range 37E NMPM LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of		Address (Give address to which approved copy of this form is to be sent)
SHUT-IN	Oil ☐ Condensate ☐	
Name of Authorized Transporter of	Casinghead Gas ☒ Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Texaco Exploration & Production Inc / SID RICHARDSON GASOLINE CO.		P. O. Box 1137 Eunice, New Mexico 88231 / 201 MAIN ST. SUITE 3 FT. WORTH, TX 76102

If Well Produces oil or liquids, give locaton of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					no	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING and TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
P. N. McGee — Land Manager
Printed Name — Title
1/6/94 — 685-5600
Date — Telephone No.

OIL CONSERVATION DIVISION

APR 22 1994

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only sections I, II, III, and IV for changes in operator, well name or number, transporter, or other such changes
4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

DeSoto/Nichols 110893