Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30-025-11002

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

14953 011007

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 146

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

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

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 4 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	☐	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: MIT & TA STATUS	☒		

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.

This Approval of Temporary Abandonment Expires 8/24/2003

TD -3590' PBTD -3550' PERFS -3400-3550' PKR/~~CIBP~~ -3351'

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.

1) NOTIFIED ~~BLM~~/NMOCD OF CASING INTEGRITY TEST.

2) RU PUMP TRUCK 4/16/98, PRESSURE TEST CASING TO 480 # FOR 30 MIN.

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 7/2/98

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR TITLE ____ DATE AUG 24 1998

CONDITIONS OF APPROVAL, IF ANY:

ICSGN

Original Chart kept by
Charlie Perrin - NMOCD