| Submit 3 Copies To Appropriate District   | State of New Mexico                    |                                       | Form C-103                                  |  |
|---|--|---------------------------------------|---|--|
| Office District I   | Energy, Minerals and Natural Resources |                                       | Revised March 25, 1999                      |  |
| 1625 N. French Dr., Hobbs, NM 88240   |  | WELL API NO.<br>30-025- 11013         |   |  |
| District II 811 South First, Artesia, NM 88210  |  |                                       | 5. Indicate Type of Lease                   |  |
| District III 2040 South Pacheco   |  | STATE                                 |   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | SAUR LE IMM O LOCA                     |                                       | 6. State Oil & Ga                           |  |
| 2040 South Pacheco, Santa Fe, NM 87505  |  |                                       |   |  |
| 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  |  |                                       | 7. Lease Name or Unit AgreementName:        |  |
| PROPOSALS.)   |  |                                       | MYERS LANGLIE MATTIX UNIT                   |  |
| 1. Type of Well:  |  |                                       | WILKS LANGER                                | Z WAT TIX UNIT   |
| Oil Well Gas Well Other Injection   |  |                                       | 8. Well No.                                 |  |
| 2. Name of Operator OXY USA Inc. 16696  |  |                                       | 8. Well 140.                                |  |
| 3. Address of Operator  |  |                                       | 9. Pool name or Wildcat                     |  |
| P.O. BOX 50250 MIDLAND, TX 79710-0250   |  |                                       | LANGLIE MATTIX 7RVR-QN-GB                   |  |
| 4. Well Location  |  |                                       |   |  |
| Unit Letter A: 647 feet from the North line and 660 feet from the East line   |  |                                       |   |  |
| Section 5   | Township 245 R                         | ange 37E                              | NMPM  | County LEA   |
|   | 10. Elevation (Show whether D          |                                       | z. <i>)</i>                                 |  |
|   |  |                                       |   |  |
|   | propriate Box to Indicate N            | ature of Notice,                      | Report or Other D                           | Data Common Comm |
| NOTICE OF INT   | ENTION TO:                             |                                       | SEQUENT REP                                 |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON L                     | REMEDIAL WOR                          | к Ц   | ALTERING CASING  |
| TEMPORARILY ABANDON   | CHANGE PLANS                           | COMMENCE DRI                          | DMMENCE DRILLING OPNS. PLUG AND ABANDONMENT |  |
|   | MULTIPLE  COMPLETION                   | CASING TEST AF                        | 4D 🗆  |  |
| OTHER:  |  | OTHER:                                | AT& TIL                                     | Hatus \$   |
|   | operations. (Clearly state all pe      |                                       |   |  |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion |  |                                       |   |  |
| or recompilation.   |  |                                       |   |  |
|   |  |                                       |   |  |
| OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FOR POSSIBLE FUTURE USE.   |  |                                       |   |  |
| TD- <u>3788</u> ′ i   | PBTD- <b>3691</b> ' PERFS- <u>34</u>   | 711-3658                              | PKR/ <del>CIBP</del> -3400                  | <u>2</u> ′ ·   |
| 1) NOTIFY BLM/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.   |  |                                       |   |  |
| 2) RU PUMP TRUCK (O(200), CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 565 # FOR 30 MIN.  |  |                                       |   |  |
|   | -                                      | 1 10 11 12 10                         | well of You work                            | ery habour   |
|   |  | of sadoni                             | ovel of Tompore<br>real Income              | 11/27/1009   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                                       |   |  |
| 100   | <u></u>                                |                                       |   |  |
| SIGNATURE // www.   | TITLE                                  | REGULATORY                            |   | DATE 1(121/00)   |
| Type or print name DAVID S  | STEWART                                | · · · · · · · · · · · · · · · · · · · | Telep                                       | phone No.915-685-5717  |
| (This space for State use)  | •                                      |                                       |   |  |
| APPPROVED BY  | TITLE                                  | ,w +                                  |   | DATE / J MAR   |
| Conditions of approval, if any:   |  | 1 m                                   |   |  |
|   |  |                                       |   |  |

ICSN

