Submit 3 Copies To Appropriate District Office	District State of New Mexico Energy, Minerals and Natural Resources			Form C-103		
District I 1625 N. French Dr. Habbe NM 67240	Energy, Minerals an	iu Natural Resources	Revised March 25, 1999 WELL API NO.			
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		30-025- 11015			
811 South First, Artesia, NM 87210 District III			5. Indicate Type of Lease STATE FEE S			
1000 Rio Brazos Rd., Aztec, NM 87410					;	
District IV 2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No. 8910138170 -				
(DO NOT USE THIS FORM FOR PROP	CES AND REPORTS O POSALS TO DRILL OR TO DE	EEPEN OR PLUG BACK TO A		e or Unit Agreement Name:		
PROPOSALS.) 1. Type of Well:	. Type of Well:			Myers Langlie Mattix Unit		
Oil Well Gas Well Other Injection						
2. Name of Operator			8. Well No. 167			
OXY USA WTP Limited Partner 3. Address of Operator	ship	19246	9. Pool name o	· · · · · · · · · · · · · · · · · · ·		
-	79710-0250		Langlie Matt		_	
Unit Letter:	BO feet from the	South_line and	660 feet	from the <u>cast</u> lin	ne	
Section 5	Township 29	4 Range 37	NMPM	County Lea		
	2010	hether DR, RKB, RT, GR, e				
11. Check	Appropriate Box to In	dicate _l Nature of Notice	, Report, or Otl	her Data	_	
NOTICE OF INT	ENTION TO:	SUE	BSEQUENT F	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		[ALTERING CASING		
	CHANGE PLANS		ING OPNS. [PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB) [
OTHER:		OTHER: MIT - TA	Status		X	
 Describe Proposed or Complete of starting any proposed work). or recompilation. 		• •	-	-		
OXY USA WTP LP requests t	o temporarily abandon	this well for possible	e future use.			
TD-3633 PBTD-3	<u>4</u> ∞ Perfs- <u>3</u> "	(88-3633 Pkr/C)	IBP- <u>3400</u>	<u> </u>		
1. Notify BLM /NMOCD of ca	sing integrity test 2	4hrs in advance.				
2. RU pump truck <u>1/2e(0</u> to 490 # for 30		th treated water, press	sure test casir	ng Hobbs OCD		
		ent Expires				
I hereby certify that the information above	is true and complete to the 1	best of my knowledge and belie	f.		-	
SIGNATURE In Stu	/	TITLE Sr. Regulatory	Analyst	DATE 2/25/03	_	
Type or print name David Stewart			Telej	phone No. 915-685-5717	_	
(This space for State use)						
APPROVED BY Jan (,)	Wink or	FIELEDIREPRESENTATIVE 11	STAFF MANACE	DATE -		
Conditions of approval, if any	<u> </u>			TYMN 0 4 2003	-	
5						



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