Office State of New Mexico Office Spronger Minarals and Natural Passages	Form C-103
District I	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II	WELL API NO. 30-025- いつつち
811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE FEE X
District IV	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe. NM 87505	8910138170 -
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.	7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit
1. Type of Well: Oil Well Gas Well Other Injection	
2. Name of Operator	8. Well No.
OXY USA WTP Limited Partnership 192463	0
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 50250 Micland, TX 79710-0250 4. Well Location	Langlie Mattix 7Rvr Qn-GB
Unit Letter E: 1650 feet from the North line and	feet from the east line
Section 9 Township 24 Range 37	NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, GR, etc.	
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER: OTHER: MIT - TA	Status X
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and gir of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach or recompilation. 	we pertinent dates, including estimated date wellbore diagram of proposed completion
OXY USA WTP LP requests to temporarily abandon this well for possible	future use.
TD-3560' PBTD-3551' Perfs-3412-3550' Pkr/GH	3338
1. Notify-BLM/NMOCD of casing integrity test 24hrs in advance.	RL LED Hobbs
2. RU pump truck 1/28/03, circulate well with treated water, pressu to 560 # for 30 min.	- 57
This Approval of Tempor Abandonment Expires	3/4/08
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Var Staff TITLE Sr. Regulatory A	nalyst DATE Z 2503
Type or print name David Stewart	Telephone No. 915-685-5717
(This space for State use)	CER
APPROVED BY Hand W. Winds Conditions of approval, if any: OCFIELD REPRESENTATIVE IV	STAFF MANAGEN 4 2003

