

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-25948
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. Lease Name or Unit Agreement Name: MYERS LANGLIE MATTIX UNIT
2. Name of Operator OXY USA WTP Limited Partnership 192463	8. Well No. 131	
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250	9. Pool name or Wildcat LANGLIE MATTIX 7RVR-QN-GB	
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>5</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3291</u>		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
---	--	--	--

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.

See other side

Approved as to plugging of the Well Bore.
 Liability under bond is retained until surface restoration is completed.

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 2/14/03

Type or print name DAVID STEWART Telephone No. 915-685-5717

(This space for State use) Gary W. Wink DATE FEB 25 2003

APPROVED BY GARY W. WINK TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____

GWW

MS

MLMU # 131

12/6/2000

MIRU SION

12/7/2000

NU BOP Test Csg 600#. Ok. Run open-ended to CIBP at 3425. Pump gel & 25 sks cmt plug. WOC Tag cmt at 3234. PU 2906. Pump 25 sks cmt plug 2906 to 2660. PU to 1264. Pump 25 sks WOC Overnight.

12/8/2000

Tag cmt 1000 PU to 570 pump 60 sks cmt plug 570 to surf. RD Well Plugged.

\$13,276.00

[Faint handwritten notes and a stamp are visible at the bottom right of the page.]