Form 3160-5 (August 1999)

CCD-Halls

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

5. Lease Serial No.

8910138170 - NM7488

SUNDRY NOTICES	AND	REPORTS	ON	WEL	LS
BUREAU OF LA	ND M	[ANAGEME]	NT		
DEPARTMENT	OF T	HE INTERIO	K		

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well Oil Well Gas Well Other 2. Name of Operator OXY USA WIP Limited Partnership 192463					7. If Unit or CA/Agreement, Name and/or No Myers Langlie Mattix Unit 8. Well Name and No. 205 9. API Well No.									
								Sa. Address 3b. Phone No. (include area code)				30-025- 27448		
								P.O. Box 50250, Midland, TX 79710	1-0250	915-685-5717	· · · · · · · · · · · · · · · · · · ·		d Pool, or Exploratory Area	
								Location of Well (Footage, Sec., T., R., M., or Survey			_	Langlie M	fattix 7Rvr Qn-GB	
								BGO FNL LGOFUL NWAL	w(U) Sec7	TZ4S R37	E	J	or Parish, State	
12. CHECK APPROPRIATE	E BOY/ES) TO INDIC	CATE NATURE OF	NOTICE REPO	DRT OR OT	THER DATA									
	E BOX(E3) TO INDIC			on, on o	THEN DATA									
TYPE OF SUBMISSION		1 4 1	PE OF ACTION											
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off									
	Alter Casing	Fracture Treat	Reclamatio	n	Well Integrity									
Subsequent Report	Casing Repair	New Construction	Recomplete	e	Other									
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporaril	y Abandon										
That Availdonne it rouse	Convert to Injection	Plug Back	Water Disp	osal										
TD- 3470 PRID-3735	Perfs- <u>3373-357</u>	3 Phr/CIBP-3	327											
OXY USA WTP LP requests to extend This will allow OXY to determine This well passed a casing integration.	possible future u	ses for this well	ı.	Var var var	O ma in the main it									
		-	Approve	nd For	Month Period									
			Ending.	5/21/										
4. I hereby certify that the foregoing is true and correct	t	Title	-											
Name (Printed/Typed) David Stewart		Sr. Re	gulatory Ana	lyst										
la Set		Date	5(6(02											
THI	S SPACE FOR FEDE	RAL OR STATE OFF												
Approved by ORIG, SGD,) JOE	G. LARA	Title Poten	Nam Frein	D	Call 9/0 2									
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title the which would entitle the applicant to conduct operations	o those rights in the subject	ant or Office	0											