Submit 3 Copies To Appropriate District	State of New Mex				Form C-1	
Office District I	Energy, Minerals and Natura	al Resources			sed March 25, 19)99
1625 N. French Dr., Hobbs, NM 87240 District II			WELL API N	O. 20 025 27	3 83	
811 South First, Artesia, NM 87210	OIL CONSERVATION	30-025- 2 つ383 5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		STATE	-	E 🛛	
District IV	Santa Fe, NW 8/303		6. State Oil &			_
2040 South Pacheco, Santa Fe, NM 87505			8910138170		0.	1
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	ATION FOR PERMIT" (FORM C-101)	R PLUG BACK TO A	7. Lease Nam	e or Unit Agre		And the continue of the state o
Oil Well Gas Well	Other Injection	· · · · · · · · · · · · · · · · · · ·	0 337 11 37			_
2. Name of Operator	L	100469	8. Well No.	126		-
OXY USA WTP Limited Partners 3. Address of Operator	nıp	192463	9. Pool name			\dashv
P.O. Box 50250 Midland, TX	79710-0250		Langlie Matt		GB	
4. Well Location						
Unit Letter A : 6	Go feet from the Nort		feet	from the <u></u>	est lin	ıe
Section 4	Township みЧ R	lange 37	NMPM	County	z Lea	
	10. Elevation (Show whether D	PR, RKB, RT, GR, etc	·.)			
11. Check A	ppropriate Box to Indicate _l 1	Nature of Notice,	Report, or Ot	her Data		
NOTICE OF INTE	NTION TO:	SUBS	SEQUENT F	REPORT (OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON .	REMEDIAL WORK		ALTER	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS.	☐ PLUG ABANI	AND DONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB				
OTHER:		OTHER: MIT - TA !	Status			X
 12. Describe Proposed or Completed of starting any proposed work). or recompilation. OXY USA WTP LP requests to TD- 3675 PBTD- 36 	SEE RULE 1103. For Multiple C	Completions: Attach	wellbore diagra			
	ing integrity test 24hrs in		7,700		6.3	
1. NOCTTY BENTAMOCD OF Cas	ing integrity test 24ms in	advance.			C. U.S.	
2. RU pump truck 1/29(03 to 520 # for 30 m	_, circulate well with trea in.	ited water, pressi	ıre test casi	ng	40°C0	
	This Approva Aba ndonment	of Temporary	3/1/6	a		
	- TDATIGOTIMETIC	exhita?	3/4/0	18		
I hereby certify that the information above	s true and complete to the best of my	knowledge and belief.				_
SIGNATURE with	TITLE	Sr. Regulatory A	nalyst	DATE_ Z	125/03	_
Type or print name David Stewart			Tele	phone No.	915-685-5717	_
(This space for State use)	. ^			7	,	-
APPROVED BY Law W. Conditions of approval, if any	Want TITIO	C FIELD REPRESEN	tative II/STAF	DATE DATE	0 4 233 3	_
Conditions of approval, if any						

