| Submit One Copy To Appropriate District   | State of New Mo         | exico                        | Form C-103   |
|---|-------------------------|------------------------------|--|
| Office District I En  | ergy, Minerals and Nati |                              | Revised November 3, 2011   |
| 1625 N. French Dr., Hobbs, NM 88240   |                         |                              | WELL API NO.<br>30-003-20042   |
| 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION   |                         | 5. Indicate Type of Lease    |  |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410  |                         | STATE  FEE                   |  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM   |                         | 6. State Oil & Gas Lease No. |  |
| 87505   |                         | LH-4758                      |  |
| 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.)                        |                         |                              | 7. Lease Name or Unit Agreement Name Cottonwood Canyon   |
| 1. Type of Well: ☐ Oil Well ☐ Gas Well ☒ Other  |                         |                              | 8. Well Number CC-14X  |
| 2. Name of Operator   |                         |                              | 9. OGRID Number  |
| Kinder Morgan CO2 Company, L.P.   |                         |                              | 34945  |
| 3. Address of Operator  |                         | 10. Pool name or Wildcat     |  |
| 830 East Main, Suite 220, Springerville, AZ 8   | ;5938<br>               | *                            | Abo Reef   |
| 4. Well Location  |                         |                              |  |
| Unit Letter_ D _:_648feet from the South line and 1,378 feet from the West line   |                         |                              |  |
| Section 27 Township 01N Range 21W NMPM Catron County  |                         |                              |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7069 GR  |                         |                              |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                         |                              |  |
|   |                         |                              |  |
| NOTICE OF INTENTI   |                         |                              | SEQUENT REPORT OF:   |
| 4. 30.40 (4.6. 40) 4. (4.4.46 (4.4.46) 4. (4.4.46) 4. (4.4.46) 4. (4.4.46) 4. (4.4.46) 4. (4.4.46) 4. (4.4.46)  | AND ABANDON             | REMEDIAL WORK                | 10 Sept 20 (10 Sept 20 |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐   |                         |                              |  |
| FOLL ON ALTEN CASING   MIGETI   | TE COMPE                | CASING/CLIVILINI             | 10B  |
| OTHER:     Location is ready for OCD inspection after P&A   |                         |                              |  |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.   |                         |                              |  |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4" above ground level has been set in concrete. It shows the |                         |                              |  |
| A steel marker at least 4 in diameter and at least 4 above ground level has been set in concrete. It shows the  |                         |                              |  |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR   |                         |                              |  |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR   |                         |                              |  |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE.  |                         |                              |  |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and  |                         |                              |  |
| other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  |                         |                              |  |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with  |                         |                              |  |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed  |                         |                              |  |
| from lease and well location.   |                         |                              |  |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)  |                         |                              |  |
| All other environmental concerns have been addressed as per OCD rules.  |                         |                              |  |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-  |                         |                              |  |
| retrieved flow lines and pipelines.   |                         |                              |  |
| If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.                       |                         |                              |  |
| Toolation, except for utility 5 distribution inflastracture.  |                         |                              |  |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection.  |                         |                              |  |
| SIGNATURE   | TITLE_0                 | perations Superviso          | DATE4/25/2018_   |
| TYPE OR PRINT NAMEThomas White_   | E-MAIL:                 | thomas_white@kin             | dermorgan.com PHONE: 928-333-0100  |
| For State Use Only APPROVED BY: Leonard L   | owe TITLE               | Patroleun                    | n Engineer DATE 04/26/18   |
| Conditions of Approval (if any):  | 7WC IIILE               | 1 Cholcul                    | n Engineer DATE 04/26/18   |