

Submit One Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

NMOCD Rec'd: 9/28/2020

Form C-103

Revised November 3, 2011

WELL API NO. <b>30-015-36383</b>																					
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>																					
6. State Oil & Gas Lease No. <b>36900</b>																					
7. Lease Name or Unit Agreement Name <b>RDX 16</b>																					
8. Well Number <b>002</b>																					
9. OGRID Number <b>246289</b>																					
10. Pool name or Wildcat <b>BONE SPRING</b>																					
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: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other																					
2. Name of Operator <b>WPX Energy Permian, LLC</b>																					
3. Address of Operator <b>3500 ONE WILLIAMS CENTER MD 35 TULSA, OK 74172</b>																					
4. Well Location Unit Letter <b>K</b> : <b>2190</b> feet from the <b>S</b> line and <b>1875</b> feet from the <b>W</b> line Section <b>16</b> Township <b>26S</b> Range <b>30E</b> NMPM <b>_____</b> County <b>EDDY</b>																					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3,047' GR</b>																					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data																					
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<input checked="" type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.																					
<input checked="" type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.																					
<input checked="" type="checkbox"/> 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. **Power pole anchor has been removed from NE corner.**
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.) **Trash has been removed. Riser on S side can not be removed due to it being used by two other wells.**
- ☒ 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.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Caitlin O'Hair TITLE Regulatory Specialist DATE 09/28/2020

TYPE OR PRINT NAME Caitlin O'Hair E-MAIL: caitlin.ohair@wpxenergy.com PHONE: 539-573-3527  
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/6/2020