Submit One Copy To Appropriate District	G				E G 100	
Office	Energy Minerals and Natural Recovered			Form C-103 Revised November 3, 2011		
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Wilheran	s and ivalu	irai Resources	W	ELL API NO.	
District II					-025-23038	
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.				5.	Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	1000 Rio Brazos Rd., Aztec, NM 87410				STATE FEE State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM					209	
87505 SUNDRY NOTIC	ES AND REPORTS O	N WELLS		7.	Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					AST EUMONT UNIT	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				0.	8. Well Number	
1. Type of Well: ☐Oil Well ☐ Gas Well ☐ Other - INJECTION				849		
2. Name of Operator OXY USA WTP LP				9. OGRID Number 192463		
3. Address of Operator				17	Pool name or Wildcat	
PO BOX 4294; HOUSTON, TX 772	10	FEB	0 5 2016		MONT YATES 7RVR QN	
4. Well Location		RE	CEIVED			
Unit Letter A: 810 feet	rom the NORTH line	and <u>510</u> fe	et from the EAS	ST_line		
Section 21 Township 19S Range 37E NMPM County LEA						
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3650'						
12. Check Appropriate Box to I	ndicate Nature of I			r Data		
					OUELT DEPOST OF	
NOTICE OF INT	ENTION TO: PLUG AND ABANDON	νП			QUENT REPORT OF:  ALTERING CASING	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A						
	MULTIPLE COMPL		CASING/CEM		_	
07.150					PM	
OTHER:	compliance with OCD	rules and th	Location i	Operator	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						
OPERATOR NAME I FAS	ENAME WELL NE	IMBED A	DI NIIMBED	OTIAD	PED/OUA PTER LOCATION OR	
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 STAMPI	ED ON THE MARKE	ER'S SURI	FACE.			
☐ The location has been leveled as n	early as possible to or	iginal groun	nd contour and h	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.	or o pre portine and oron	oute pluit. 1	m now mes, p	roduciio	in equipment and junk have been femoved	
	have been removed. I	Portable bas	ses have been re	emoved.	(Poured onsite concrete bases do not have	
to be removed.)  All other environmental concerns	have been addressed a	s per OCD	rules			
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.						
location, except for unity's distribution	i inii asti ucture.					
When all work has been completed, ret	urn this form to the app	propriate D	istrict office to	schedule	an inspection.	
F. 7	. No.				1 10 10	
SIGNATURE 7 / MAR SONA	ea	TITLE_H	ES OPS COOR	RDINAT	OR_DATE 1-19-16	
TYPE OR PRINT NAME _FRANK B.	ARNETT E-MAII	frank h	arnett@ovy.com	m DE	IONE: 575-302-2414	
For State Use Only	THE PRIVATE	i mark ()	and the WAY.COL	r.c.	515-502-2414	
NI O / t	211	D	hale or		pecialist DATE 02/08/2016	
APPROVED BY: Conditions of Approval (if any):	Make	TITLE 1 6	POKUMB	rigr.	PECIONS DATE OGOS 12016	
Conditions of Approval (II ally).						