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| Submit One Copy To Appropriate District Office District L Bistrict L State of New Mexico Minerals and Natural Resources | Form C-103 |
| Office HOBBS OCD Energy, Minerals and Natural Resources | Revised November 3, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 | WELL API NO. 30 - 025 - 33729 |
| District II 811 S. First St., Artesia, NM 88210 OCT 3 1012 CONSERVATION DIVISION | 30-823-35727V |
| District III 1220 South St. Francis Dr. | 5. Indicate Type of Lease STATE K FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NIM 87505 | 6. State Oil & Gas Lease No. |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | 6. State Off & Gas Lease No. |
| 87505 | |
| SUNDRY NOTICES AND REPORTS ON 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 | H. |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | Monoment 235+A+C #6 |
| 1. Type of Well: Oil Well Gas Well Other | 8. Well Number |
| 2. Name of Operator USA TA | 9. OGRID Number |
| CHEURON Midcontinent L.P. | 4323 |
| 3. Address of Operator | 10. Pool name or Wildcat |
| 15 SMith ROAD MIDIAND TX 79705 | MONUMENT ABO North |
| | |
| 4. Well Location Unit Letter <u>A</u> : <u>469</u> feet from the <u>N</u> line and <u>feet</u> from the <u>E line</u> / | |
| Section 23 Township 195 Range 365 NMPM County 4 | EA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 3,718 | 计数据的经济性 化合理学 网络马 |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| | |
| | SEQUENT REPORT OF: |
| | |
| | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT | JOB [] |
| OTHER: | ady 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, 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 b | een 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, produ | ction equipment and junk have been removed |
| from lease and well location. | |
| All metal bolts and other materials have been removed. Portable bases have been remov | red. (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. | An India have been removed from hom- |
| 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. | |
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| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | |
| | |
| SIGNATURE See TITLE EMC-Constant | ION Rep. DATE 10-31-13 |
| | |
| TYPE OR PRINT NAME B:11 BECK E-MAIL: WADSOCHEVRON. COMPHONE: 575-390-141 | |
| For State Use Only | |
| APPROVED BY: Mahluhitah TITLE Compliance Officer 2 BATE 11/7/2013 | |
| APPROVED BY: 10 mile hit | They 2 PASA 14 /12013 |
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