| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|---|--|--|---|
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | Revised November 3, 2011 WELL API NO. |
| District II | | | 30-025-05829 |
| 811 S. First St., Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr. | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | STATE FEE 6. State Oil & Gas Lease No. | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | B2736 | |
| 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 | | | 7. Lease Name or Unit Agreement Name EAST EUMONT UNIT |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other HOBBS OCD | | | 8. Well Number |
| 2. Name of Operator | | | 9. OGRID Number |
| 3. Address of Operator MAR 0 2 2016 | | 192463 V | |
| PO BOX 4294; HOUSTON, TX 77210 | | EUMONT YATES 7RQN | |
| 4. Well Location RECEIVED | | | |
| Unit Letter_P: 660_feet from the SOUTH line and 660 feet from the EAST line | | | |
| Section 35 Township 19S Range 37E NMPM County LEA | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | |
| | | ILLING OPNS. PANDA | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | IT JOB |
| OTHER: | | | 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 | | | |
| 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. | | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| 11/1 - 3-2-10 | | | |
| SIGNATURE | | | |
| TYPE OR PRINT NAME CASEY L SUMMERS E-MAIL: casey summers@oxy.com PHONE: 575-513-8289 | | | |
| For State Use Only | D.11 - | Dre | DATE 3/3/2016 |
| APPROVED BY: \(\text{Value}\) | Justaline TITLE | r. E. J. | DATE DATE |