Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		Revised November 3, 2011 WELL API NO.		
District II	District II OII CONSERVATION DIVISION		30-025-25947	
B11 S. First St., Artesia, NM 88210 District III	1 d. 1 list ol., (1103lil, 144) 00=10		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga B-1327	as Lease No.
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			MYERS LANGLIE MATTIX UNIT	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other			92	
2. Name of Operator OXY USA WTP LP	/ NIN 0 77 0040		9. OGRID Number / 192463	
	. Address of Operator		10. Pool name or Wildcat	
PO BOX 4294; HOUSTON, TX 77210		LANGLIE MATTIX 7R QN GB		
4. Well Location	RECE	IVED	1	
Unit Letter J: 1980 feet from the SOUTH line and 1980 feet from the EAST line				
Section 32 Township 23S Range 37E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	329			and the second s
12. Check Appropriate Box to	Indicate Nature of Notice, R	Report or Other I	Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING
TEMPORARILY ABANDON				P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB	pm
OTHER:				
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 A FACE NAME WELL MUMBER ARENIMBER OUR REPROVABLED A CONTION 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 STAMPED ON THE MARKER'S SURFACE.				
그 10일이 전 그리고 말했다. 그는 그는 그를 살았다면 사용 생생님은 그는 그는 그는 그는 그는 그를 받았다.				
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.				
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 distribut	ion intrastructure.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
17716				
SIGNATURE	TITLE	ENVIRONMENTA	AL ADVISOR_DA	TE 6- 1-10
TYPE OR PRINT NAME CASEY L SUMMERS E-MAIL: casey summers@oxy.com PHONE: 575-513-8289				
APPROVED BY	Whitalen TITLE	P.E.S.		DATE 6/28/2016
Conditions of Approval (if any):	11166			UNIO