| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 | | |
|--|--|------------------------|--|----------------|--|
| District ! | Energy, Minerals and Natural Resources | | Revised November 3, 2011 WELL API NO. | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | 30-025-25679 | | V |
| 811 S. First St., Artesia, NM 88210 District III | | | 5. Indicate Type of Lease | | _ / |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | STATE FEE | | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No. B-1327 | | |
| 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 MYERS LANGLIE MATTIX UNIT | | |
| PROPOSALS.) 1. Type of Well: JOH Well Gas Well Other INJECTION | | | 8. Well Number | | |
| 2. Name of Operator OXY USA WTP LP | of Operator | | 9. OGRID Number 192463 | | |
| 3. Address of Operator | | N/ED | 10. Pool name or Wildcat LANGLIE MATTIX 7RVR QN-GB | | N-GB |
| 4. Well Location | | EARGE MATTA ACT QU'OD | | | |
| | et from the NORTH 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.) | | | | - 44 | |
| 12 Charle Americanista Bourte | Judiante Nature of Nation D | | -4- | ER DESCRIPTION | 4 |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| | | | | REPORT OF | Street St |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | ALTERING | CASING ' |
| TEMPORARILY ABANDON | | | | I.□ PANDA | Ш |
| | | | | | (D-0 |
| 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 | | | | | |
| OPEDATOR NAME I FACE NAME WELL NUMBER ADIANIMBER QUARTER/OUARTER 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 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 | | | | | |
| 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 I | District office to sch | edule an insp | ection. | |
| SIGNATURE | TITLE_E | ENVIRONMENTA | L ADVISOR | _DATE 8-2 | 9-16 |
| TYPE OR PRINT NAME _CASEY L SUMMERS _ E-MAIL: _casey_summers@oxy.com _ PHONE: _575-513-8289 | | | | | |
| For State Use Only | Pile F | P.E.S. | | 9 | 129/2016 |
| APPROVED BY: Conditions of Approval (if any): | TITLE | 1.2-0, | | DATE_ | 1-11-016 |

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