Submit One Copy To Appropriate District	State of New Mexico	Form C-103
Office	Energy, Minerals and Natural Resource	
District I 1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE 🔲 FEE 🛛
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTIO	CES 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		MITERO ENHIODIO MITTINE OTTI
PROPOSALS.)	HOBBS OCD	8. Well Number 226
Type of Well: Oil Well . Name of Operator		9. OGRID Number
OXY USA WTP LP	AUG 2 9 2016	192463
3. Address of Operator		10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 772	210 RECEIVED	LANGLIE MATTIX 7RVR QN-GB
4. Well Location		
Unit Letter E : 1980 fee	t from the NORTH line and 660 feet from the W	/EST line
Section 11 Township	24S Range 37E NMPM County LEA	
	11. Elevation (Show whether DR, RKB, RT, GR	R, etc.)
	3231'	
12. Check Appropriate Box to	Indicate Nature of Notice, Report or Oth	ner Data
NOTICE OF INT		SUBSEQUENT REPORT OF:
		E DRILLING OPNS. P AND A
PULL OR ALTER CASING		
-		/ Pm
OTHER:		n is ready for OCD inspection after P&A
	compliance with OCD rules and the terms of the led and leveled. Cathodic protection holes have	
	neter and at least 4' above ground level has been	
N Steel marker at least 4 m diam	leter and at least 4 above ground lever has been	Set in concrete, it shows the
OPERATOR NAME, LEA	SE NAME, WELL NUMBER, API NUMBEI	R, QUARTER/QUARTER LOCATION OR
UNIT LETTER, SECTION	N, TOWNSHIP, AND RANGE. All INFORM	ATION HAS BEEN WELDED OR
PERMANENTLY STAME	ED ON THE MARKER'S SURFACE.	
The logation has been loveled as	possible to original ground contour on	d has been alcored of all junk trash flow lines and
other production equipment.	hearly as possible to original ground contour and	d has been cleared of all junk, trash, flow lines and
	nd risers have been cut off at least two feet below	v ground level.
		tion(s) have been remediated in compliance with
	tor's pit permit and closure plan. All flow lines	, production equipment and junk have been removed
from lease and well location.		
	s have been removed. Portable bases have been	removed. (Poured onsite concrete bases do not have
to be removed.)	s have been addressed as per OCD rules.	
	en abandoned in accordance with 19.15.35.10 N	MAC. All fluids have been removed from non-
retrieved flow lines and pipelines.		
		les and lines have been removed from lease and well
location, except for utility's distributi	on infrastructure.	
When all work has been completed r	eturn this form to the appropriate District office	to schedule an inspection
when an work has been completed, i		
SIGNATURE	TITLE ENVIRONME	ENTAL ADVISOR_DATE Z-29-16
	L SUMMERS E-MAIL: _casey_summers@	oxy.com PHONE: _575-513-8289
For State Use Only	Vil. Dec	alatad
APPROVED BY: Mal	Unitalin TITLE P.E.S.	DATE 9/12/2016
Conditions of Approval (if any): PA warker good		
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