| Submit One Copy To Appropriate District<br>Office   | State of New Mexico                            |             |                       | Form C-103                       |  |                   |          |
|---|--|-------------|-----------------------|----------------------------------|--|-------------------|----------|
| District I  | Energy, Minerals and Natural Resources         |             |                       | Revised November 3, 2011         |  |                   |          |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II  |  |             |                       | WELL API NO.<br>30-025-10983     |  |                   |          |
| 811 S. First St., Artesia, NM 88210   |  |             |                       | 5. Indicate Type of Lease        |  |                   |          |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410  | Rd. Aztec. NM 87410 1220 South St. Francis Dr. |             |                       | STATE STATE FEE                  |  |                   |          |
| District IV Santa Fe, NM 87505  |  |             |                       | 6. State Oil                     | & Gas I                                | Lease No.         |          |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |             |                       | B9694                            |  |                   |          |
| 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: Gas Well Other   |  |             |                       | 119                              |  |                   | -        |
| 2. Name of Operator   |  |             |                       | 9. OGRID Number                  |  |                   |          |
| OXY USA WTP LP  3. Address of Operator  |  |             |                       | 192463  10. Pool name or Wildcat |  |                   |          |
| PO BOX 4294; HOUSTON, TX 77210  |  |             |                       | LANGLIE MATTIX 7RVR QN-GB        |  |                   |          |
| 4. Well Location  |  | RECE        | EIVED                 |                                  |  | 2                 |          |
| Unit Letter_B_: 330_ feet from the NORTH line and 2310 feet from the EAST line  |  |             |                       |                                  |  |                   |          |
| V   |  |             |                       |                                  |  |                   |          |
| Section 2 Township 24S Range 37E NMPM County LEA<br>11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |             |                       |                                  |  |                   |          |
| 3226'   |  |             |                       |                                  |  |                   |          |
| 12. Check Appropriate Box to  | Indicate Nature of No                          | otice, R    | eport or Other D      | ata -                            |  |                   |          |
|   |  |             |                       |                                  |  |                   |          |
|   |  |             |                       | SEQUENT REPORT OF:               |  |                   |          |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORT TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DR   |  |             |                       | -                                | LTERING CASIN                          | _                 |          |
| PULL OR ALTER CASING  | MULTIPLE COMPL                                 | Н           | CASING/CEMENT         |                                  |  |                   |          |
| TOLE OF ALTER CAGING  | MOLTH LL COMPL                                 | ш           |                       |                                  |  |                   | ~ /      |
| OTHER:  |  |             |                       |                                  |  | tion after P&A    | the.     |
| An pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  |  |             |                       |                                  |  |                   |          |
| <ul> <li>Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.</li> <li>A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the</li> </ul> |  |             |                       |                                  |  |                   |          |
| 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 orig                     | inal grou   | nd contour and has l  | heen cleared o                   | all inn                                | k trash flow lin  | es 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 distributi   |  | ili electri | cai service poies and | i lines have be                  | een rem                                | oved from lease a | and well |
|   |  |             |                       |                                  |  |                   |          |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection.  |  |             |                       |                                  |  |                   |          |
| Λ/Ι   |  |             |                       |                                  |  |                   | -        |
| SIGNATURE   |  | TTLE_E      | ENVIRONMENTAL         | L ADVISOR                        | DATE                                   | 1-26-1            | 1        |
|   |  |             |                       |                                  |  |                   |          |
| TYPE OR PRINT NAME E-MAIL: E-MAIL: PHONE: _575-513-8289   |  |             |                       |                                  |  |                   |          |
| For State Use Only  |  |             |                       |                                  |  |                   |          |
| APPROVED BY: Mall   | tistalan ,                                     | TTLE 't     | E.S.                  |                                  | г                                      | DATE 01/30        | 12017    |
| Conditions of Approval (if any):  |  |             |                       |                                  | -                                      |                   | *        |