Submit One Copy To Appropriate District	State of New Mexico			Form C-103	
Office District I	Energy, Minerals and Natural Resources		Revised November 3, 2011		
1625 N. French Dr., Hobbs, NM 88240	5.		WELL API NO.		
<u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-107		
District III	1220 South St. Francis Dr.		5. Indicate STA	Type of Lease ΓE ⊠ FEE □	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			& Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM		304853	& Gas Lease No.		
87505	EC AND DEDODES ON WELLS			TT::A A A DT	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			KELLY ST.	nme or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICA"	TION FOR PERMIT" (FORM C-101) FO	OR SUCH	KELLI 31.	AIL	
PROPOSALS.) 1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other HOBBS OCD		8. Well Nu	mber 004		
2. Name of Operator			9. OGRID Number		
OXY USA, WTP	JAN 4	JAN 292019		16694	
3. Address of Operator				10. Pool name or Wildcat	
1017 W Stanolind Rd, Hobbs, NM	88240 REC	RECEIVED			
4. Well Location					
Unit Letter N: 660 feet from the SOUTH line and 1980 feet from the WEST line					
Section 16 Township 23 S Range 37 E NMPM County LEA					
■ Eq. 2 = 8 × 2 (3 × − 3 − 3 × − 3 − − − − − − − − − − −	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.)			
	3322 GL	. 01 5			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
				☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A 📮 🔏					
PULL OR ALTER CASING I	MULTIPLE COMPL	CASING/CEMENT	JOB	□ <u></u> ∫₹`	
OTHER:		M Location is re	ady for OCD	inspection after D&A	
OTHER: Description Descri					
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					
ODED ATOD NAME I FACE NAME WELL MUMBED ADIMIMBED ON A DTED/ON A DTED LOCATION OD					
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR </u>					
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.					
location, except for utility's distribution	i infrastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE TITLE ENVIRONMENTAL COORDINATOR DATE 1-15-19					
TYPE OR PRINT NAME ROLAND BYRON WESTER E-MAIL: Roland Wester@oxy.com PHONE: 575-631-7017					
For State Use Only					
APPROVED BY: KING To	the TITLEC	omolicano 1	Miron .	A DATE 2-13-19	
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