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	
625 N. French Dr., Hobbs, NM 88240				WELL API NO.	
District II 811 S. First St., Artesia, NM 88210				30-015-31610	
District III 1220 South St. Francis Dr			5. Indicate Type of STATE		
1000 Rio Brazos Rd., Aztec. NM 87410 District IV Santa Fe, NM 87505			6. State Oil & Gas	FEE	
1220 S. St. Francis Dr., Santa Fe, NM				0. State Off & Gas	Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or I	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				Davis 18	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				8. Well Number 2	
2. Name of Operator		REC	EIVED	9. OGRID Number	
OXY USA INC.				16696	
3. Address of Operator			0 8 2013	10. Pool name or V	
1502 W. Commerce Dr. Carlsbad, NM 88220			ADTECIA	MCMILLAN MOR	ROW
4. Well Location					
Unit Letter_L : <u>1819</u> feet from the <u>S</u> line and <u>747</u> feet from the <u>W</u> line					
Section <u>18</u> Township <u>20S</u> Range <u>27E</u> NMPM County EDDY					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3299' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
	FENTION TO:		SUB	SEQUENT REP	ORT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING CASING
TEMPORARILY ABANDON 🗌 CHANGE PLANS 🔲 COMMENCE DF			ILLING OPNS.	PANDA 🛛	
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	т ЈОВ 🗌	
OTHER:					226.09
OTHER:       Image: Location is ready for OCD inspection after P&A         Image: 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					
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u>					
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					
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.)	is nave been removed.	Portable ba	ises have been reme	oved. (Poured onsite c	concrete bases do not have
All other environmental concerr	is have been addressed	as per OCE	) 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 distributi	on infrastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
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SIGNATURE		_TITLE: F	IES OPS Coordina	tor DATE <u>5-29</u>	-13
TYPE OR PRINT NAMECHRIS JONESE-MAIL: Christopher_Jones@oxy.com_PHONE: 575-628-4121					
For State Lise Only					
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APPROVED BY	/ Hanc	TITLE (			DATE //////2