Submit One Carry To Ampropriate District	C	•		n	G 102
Submit One Copy To Appropriate District Office	State of New Mexico			FOI Revised Nover	rin C-103
	Energy, Minerals and Natural Resources			. Revised Novel	1001 3, 2011
District II			30-015-34898	•	1
District III 1000 Rio Brazos Rd Aztec, NM 87410 03 21220 South St. Francis Dr.			5. Indicate Typ		5 2
Conta La NIM 97505			STATE 6. State Oil & 0	FEE	<u> </u>
1220 S. St. Francis Dr., Santa Fe, NM ARTESIA			o. State Off & v	Jas Lease No.	į
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7 Lease Name	or Unit Agreeme	ent 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 PROPOSALS.)			Lake Wood 15		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 6		
2. Name of Operator			9. OGRID Number		
OXY USA, Inc			16696		<u> </u>
3. Address of Operator 1502 W. Commerce Dr. Carlsbad, NM 88220			10. Pool name or Wildcat Wildcat Bone Springs		
4. Well Location					
Unit Letter_H : 1980 feet fro	m the N line and 660 feet from	n the <u>E</u> line		·	
Section 15 Township 19S Range 26E NMPM County Eddy					aniin destroy, tali autore patria, t
· · · · · · · · · · · · · · · · · · ·	Elevation (Show whether DR 0' GR	, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					m hisportary 20 20 % in 2000
NOTICE OF INTENTION TO: SUB-				ALTERING C	SING [
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A					
• —	LTIPLE COMPL	CASING/CEMENT	• •	•	
OTHER: All pits have been remediated in com	nliance with OCD rules and t	│ ☑ Location is re			
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					1
OPEDATOR NAME LEACE NAME WELL NUMBER ADIMUMBER QUARTER/QUARTER 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.					
M The land to the best best before	1			Il ionale Amaria Clar	lines and
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow other production equipment.					wilnes and
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					1
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been re from lease and well location.					een removed
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do no					do not have
to be removed.)				•	
All other environmental concerns have			411 01 : 1 1	1.0	
Pipelines and flow lines have been abretrieved flow lines and pipelines.	andoned in accordance with	19.15.35.10 NMAC.	All fluids have	been removed fro	om non-
If this is a one-well lease or last rema	ining well on lease: all electr	cal service poles and	l lines have been	removed from le	ase and well
location, except for utility's distribution in		•			<u> </u>
		D' ' ' ' CC' ' 1	11 '		
When all work has been completed, return	this form to the appropriate	District office to scho	edule an inspecti	on.	\$ 1 1
CIONATURE ///	TITLE	HEC C!-!!-+	DATE	5-26-17	
SIGNATURE	TITLE	HES Specialist	DATE_	5-29-13	
TYPE OR PRINT NAME Chris Jones	E-MAIL: Christopher_Jo	ones@oxy.com	PHONE	E: 575-628-4121	
For State Use Only	• –		-		 - -
APPROVED BY Jan Vel Deins	TITLE @			DATE_ <i>6[[</i>	2/12
APPROVED BY Junily Sum OK. TO RELEASE	<u>, </u>	·		DAIL Off	7/7