| Submit One Copy To Appropriate District 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 District II | | | WELL API NO. 30-015-20464 |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease |
| <u>District III</u> 1000 Ria Brazós 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 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 | | GOPOGO | |
| PROPOSALS.) | | | 8. Well Number |
| 1. Type of Well: Poil Well Gas Well Other | | | 9. OGRID Number |
| OXY USA INC | | 16696 | |
| 3. Address of Operator | | 10. Pool name or Wildcat | |
| PO BOX 4294; HOUSTON, TX 77210 | | CARLSBAD WOLFCAMP SOUTH | |
| 4. Well Location | | | |
| Unit Letter <u>G</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line | | | |
| Section 24 Township 22S Range 26E NMPM County EDDY | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
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| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | |
| | | COMMENCE DRI | — — — |
| | | CASING/CEMEN | |
| | | | |
| OTHER: \Box I Section is ready for OCD inspection after P&A $2^{-4-/3}$. 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 | | | |
| ODER ATOR MANE A FASE MANE WELT MUNDER ARIMUMER OTARTROUGHTER (OCATION OR | | | |
| <u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, OUARTER/OUARTER LOCATION OR</u> UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. <u>AILINFORMATION 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. | | | |
| location, except for utility's distribution | | cal service poles an | Liability under bond is retained pending receipt |
| - Λ. | | | of C-103 (Subsequent Report of Well Plugging) |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection, cmnrd.state.nm,us/ocd. | | | |
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| SIGNATURE | TITLEI | ENVIRONMENTA | LADVISOR_DATE <u>5-26-1</u> 6 |
| | | | |
| TYPE OR PRINT NAME _CASEY L SUMMERS E-MAIL: <u>casey_summers@oxy.com</u> PHONE: _575-513-8289 For State Use Only // | | | |
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| APPROVED BY: | TITLE / | OMPLIANCE | OFFICER DATE 6/1/2016 |
| Conditions of Approval (if any): | | | |
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