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| Submit One Copy To Appropriate District Office | State of New Me | | Form C-103 |
| District I | Energy, Minerals and Natu | ral Resources | Revised November 3, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | OH CONCERNATION | DIMIGION | WELL API NO. 30-015-01746 |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | | 5. Indicate Type of Lease |
| <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Fran | | STATE FEE |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87 | 200 | 6. State Oil & Gas Lease No. |
| 87505 | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATI | | | Artesia Unit |
| PROPOSALS.) 1. Type of Well: ⊠Oil Well □ Gas Well □ Other | | | 8. Well Number 023 |
| 2. Name of Operator | s wen Onler | | 9. OGRID Number |
| Breitburn Operating LP | | | 370080 |
| 3. Address of Operator | | | 10. Pool name or Wildcat |
| 1401 McKinney Street, Suite 2400, Ho | uston Texas 77010 | | Artesia (Queen-Graysburg-San Andres) |
| 4. Well Location | | | |
| | rom the South line and 660 fee | t ' 1 ' 1 | |
| Section 35 Township 17-S Range 28-E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 3680' GL | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| | | | |
| NOTICE OF INTE | INTION TO: | SUB REMEDIAL WOR | SEQUENT REPORT OF: K |
| TEMBORARILY ABANDON TO C | HANGE PLANS | COMMENCE DRI | |
| PERFORM REMEDIAL WORK P TEMPORABILY ABANDON C PULL OR ALTER CASING N | IULTIPLE COMPL | CASING/CEMEN | |
| | | | |
| OTHER: | umpliance with OCD rules and the | Final Inspection | |
| ✓ 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 diamet | | | |
| ODED ATOD NAME I FACI | | DI MILIMBED AI | IADTED/OHADTED LOCATION OD |
| 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 STAMPE | D ON THE MARKER'S SUR | FACE. | - |
| | | | |
| 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 | | | |
| 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 we | | | |
| location, except for utility's distribution | infrastructure. | | |
| When all work has been completed, retu | ırn this form to the appropriate I | District office to sch | nedule an inspection. |
| SIGNATURE | a statement | | |
| SIGNATURE | TITLE: Age | ent DAT | E: <u>11/09/2016</u> |
| TYPE OR PRINT NAME Shelly Does | scher E-MAII: shelly doesch | er@vahoo.com PF | IONE: 505-320-5682 |
| TYPE OR PRINT NAME Shelly Doescher E-MAIL: shelly doescher@yahoo.com PHONE: 505-320-5682 For State Use Only | | | |
| APPROVED BY: July 7 | | andi hine | OFFICER DATE 11/2/1/ |
| APPROVED BY: flifted F f C Conditions of Approval (if any): | TITLE | MITCHAUCE | DATE / / / / / / / / / / / / / / / / / / / |
| Conditions of Approval (if any). | | | |