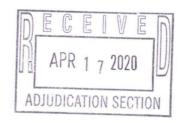
Vinson&Elkins



April 9, 2020

Bureau of Ocean Energy Management, Regulation and Enforcement MS 5421 1201 Elmwood Park Blvd. New Orleans, LA 70123-2394 Attn: Adjudication

Re: ILX Prospect South Santa Cruz, LLC/Non-required Category 2 filing

Lease # OCS-G 21176

Dear Sir or Madam:

Enclosed please find two copies of a UCC3 Termination Authorized by Societe Generale, as Security Agent and Secured Party releasing its interest in the above-referenced lease(s).

Please file this document as a non-required category 2 document – UCC Termination/Release of Lien and return the duplicate copy to me.

Also enclosed is confirmation of the online payment at Pay.gov. If you have any questions, please do not hesitate to call me toll free at (800) 833-1594 extension 2460.

Bradley Parkman

Paralegal

STATE OF LOUISIANA

UNIFORM COMMERCIAL CODE - AMENDMENT UCC-3

Important - Read instructions Before Completing Form

OLLOW INSTRUCTIONS (FR		EFULLY)						
. Initial Financing Statement Fi	le # BOEM (UCC-	l filed 7/12/17)	1					
Termination -Effective authorizing this Termin	ness of the Financing S nation Statement	Statement identifie	ed above is	terminated with re	espect to	securit	y interest(s) o	of the Secured Party
	eness of the Financing ent is continued for the				curity inte	rest(s)	of the Secure	ed Party authorizing this
Assignment (full or pa	rtial). Give name of as	signee in item 7a	or 7b and	address of assigne	e in item	7c and	l also give na	me of assignor in item 9.
. AMENDMENT (PARTY INFO	RMATION) This amen	dment affects	Debtor or	Secured Part	y of recor	d. Che	ck only one o	of these two boxes.
Also check <u>one</u> of the CHANGE name and/or new name (if name change) in		rd name in item 6a or 6	6b; also give	rmation in items 6 DELETE name to be deleted in iter	: Give recor	d name		e: Complete item 7a or 7b and complete items 7d-7g (if applicable)
6. CURRENT RECORD INFOR 6a Organization's Name	MATION:							<u> </u>
6b Individual's Last Name (a	g. Jr., Sr., III, if ap	oplicable)	First Name				Middle Name	
. CHANGED (NEW) OR ADDE	ED INFORMATION:							
7a Organization's Name								
7b Individual's Last Name (g. Jr., Sr., III, if ap	Jr., Sr., III, if applicable)		First Name			Middle Name	
7c Mailing Address		City			State Postal Code		Il Code	Country
7d Tax ID #: SSN or EIN	Add'l info re Organization:	7e Type of Orga	anization	7f Jurisdiction of	f Organiza	ition	7g Organiza	ntion ID if any
B. AMENDMENT (<u>Collateral C</u> Describe co			ive entire [restated collate	eral desci	iption,	or describe c	ollateral assigned.
NAME or SECURED PARTY of F which adds collateral or adds the 9a Organization's Name								dment authorized by a Debtor uthorizing this Amendment
Societe Generale, as Sec	urity Agent and Sec	ured Party						
9b Individual's Last Name (a	pplicable F	First Name				Middle Name		
0. OPTIONAL FILER REFEREN	CE DATA ILX Prospe	ct South Santa	Cruz, LL	C				
1. NAME AND PHONE OF CON	TACT AT FILER (optional)				· · · · ·	<u> </u>	
2. SEND ACKNOWLEDGMENT	TO: (Name and Address)						***************************************
				•				
					•			
				The above space	is for filin	a office	e use only	
				c above space	ווווו וטו כו	y onice	- use only	