

Submit 1 Copy To Appropriate District Office
 District I – (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II – (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III – (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NO. 30-015-45232
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA INC.		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 4294, HOUSTON, TX, 77210		7. Lease Name or Unit Agreement Name Platinum MDP1 "34-3" FEDERAL COM
4. Well Location Unit Letter <u>C</u> ; <u>220</u> feet from the <u>NORTH</u> line and <u>2627</u> feet from the <u>WEST</u> line Section <u>34</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number 174H
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 16696
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS) & OTHERS		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Update pools on surface commingle <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The following wells traverse two Wolfcamp pools (Purple Sage Wolfcamp and WC-015 G-08 S233135D; Wolfcamp) horizontally and need their pools updated on surface commingle permit # PLC-602-A.

WELL NAME	API #
PLATINUM MDP1 34-3 FEDERAL COM 175H	30-015-45251
PLATINUM MDP1 34-3 FEDERAL COM 176H	30-015-45233
PLATINUM MDP1 34-3 FEDERAL COM 177H	30-015-46046
PLATINUM MDP1 34-3 FEDERAL COM 171H	30-015-45230
PLATINUM MDP1 34-3 FEDERAL COM 174H	30-015-45232

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kathleen Mowery TITLE REGULATORY ENGINEER DATE 2/24/2021

Type or print name KATHLEEN MOWERY E-mail address: KATHLEEN_MOWERY@OXY.COM PHONE: 713-366-5109
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____