

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

WELL API NO. 30-015-45232
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Platinum MDP1 "34-3" FEDERAL COM
8. Well Number 174H
9. OGRID Number 16696
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS) & OTHERS

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator OXY USA INC.	
3. Address of Operator PO BOX 4294, HOUSTON, TX, 77210	
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>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Update pools on surface commingle <input checked="" type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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): _____