

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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-015-45388	
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 Sterling Silver MDP1 "33-4" FEDERAL COM	
8. Well Number 175H	
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>A</u> : <u>96</u> feet from the <u>NORTH</u> line and <u>599</u> feet from the <u>EAST</u> line Section <u>33</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-616-B.

WELL NAME	API #
STERLING SILVER MDP1 33-4 FEDERAL COM 175H	30-015-45388
STERLING SILVER MDP1 33-4 FEDERAL COM 177H	30-015-46047

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):