| Form 3160-5<br>(June 2015) UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT<br>SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-enter an<br>abandoned well. Use form 3160-3 (APD) for such proposals. |   |                                  |  |   | FORM APPROVED<br>OMB NO. 1004-0137   |                              |   |
|--|---|----------------------------------|--|---|--|------------------------------|---|
|  |   |                                  |  |   | Expires: January 31, 2018 5. Lease Serial No. NMNM43744 6. If Indian, Allottee or Tribe Name |                              |   |
|  |   |                                  |  |   |  |                              | SUBMIT IN TRIPLICATE - Other instructions on page 2 |
| 1. Type of Well  S Oil Well Gas Well Other   |   |                                  |  |   | 8. Well Name and No.<br>PLATINUM MDP1 34-3 FEDERAL COM 6H                                    |                              |   |
| 2. Name of Operator Contact: SARAH CHAPMAN<br>OXY USA INCORPORATED E-Mail: SARAH_CHAPMAN@OXY.COM   |   |                                  |  | 9. API Well No.<br>30-015-45172-00-X1                       |  |                              |   |
| 3a. Address         3b. Phone No           5 GREENWAY PLAZA SUITE 110         Ph: 713-35           HOUSTON, TX 77046-0521         Ph: 713-35   |   |                                  | (include area code)<br>0-4997                    |   | 10. Field and Pool or Exploratory Area<br>INGLE WELLS  |                              |   |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |   |                                  |  | 11. County or Parish, State                                 |  |                              |   |
| Sec 34 T23S R31E NENE 110FNL 933FEL<br>32.267887 N Lat, 103.760139 W Lon   |   |                                  |  |   | EDDY COUNT   | Y, NM                        |   |
| 12. CHECK THE A  | PPROPRIATE BOX(ES)  | TO INDICA                        | TE NATURE O                                      | F NOTICE,   | REPORT, OR OT  | HER DATA                     |   |
| TYPE OF SUBMISSION   |   |                                  | TYPE OF  | ACTION  |  |                              |   |
| D Notice of Intent   |   | Dee                              | pen  | Product   | ion (Start/Resume)   | U Water Shut-Off             |   |
|  | Alter Casing  | 🗖 Hyd                            | raulic Fracturing                                | 🗖 Reclam  | ation  | Well Integrity               |   |
| 🛛 Subsequent Report  | Casing Repair   | Casing Repair 🔲 New Construction |  | Recomplete  |  | Other<br>Workover Operations |   |
| Final Abandonment Notice   | Change Plans  | 🗖 Plug<br>🗖 Plug                 | and Abandon                                      | Temporarily Abandon   |  | workover Operations          |   |
| 17695-17542, 17490-17337,<br>16260-16104, 16055-15902,<br>14825-14672, 14620-14463,<br>13390-13287, 13185-13032,<br>11955-11802, 11750-11601,<br>10520-10367, 10315-10162,<br>water, 3000gal 7.5% acid w/  | 57, 18105-17950, 17900-17747,<br>12, 16670-16517, 16465-16312,<br>187, 15235-15084, 15030-14877,<br>152, 13800-13647, 13595-13442,<br>17, 12365-12211, 12160-12007,<br>182, 10930-10777, 10725-10572,<br>10 stages w/ 13097700gal slick<br>rger, RIH & clean out, flow to clean |                                  | 312,<br>4877,<br>3442,<br>2007,<br>0572,<br>lick | RECEIVED<br>MAY 1 5 2019                                    |  |                              |   |
| up and test well for potential.  |   |                                  |  |   | DIS  | TRICT II-ARTESIA O.C.I       |   |
| 14. I hereby certify that the foregoing  | is true and correct   |                                  |  |   |  |                              |   |
| · · · · · ·  | # Electronic Submission<br>For OXY US   | A INCORPORA                      | TED, sent to the                                 | Carisbad  |  |                              |   |
| Name (Printed/Typed) DAVID S   | mmitted to AFMSS for proc<br>TEWART   | essing by PRI                    |  | ATORY AD  |  |                              |   |
| Signature (Electronic Submission)  |   |                                  | Date 01/24/2                                     | 019   |  |                              |   |
|  | THIS SPACE FO   |                                  |  | OFFICE U  | SE   |                              |   |
|  | Approved By ACCEPTED  |                                  |  | JONATHON SHEPARD<br>TitlePETROLEUM ENGINEER Date 02/05/2015 |  |                              |   |
| Approved By ACCEP  |   |                                  |  |   |  |                              |   |
| Approved By / ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | quitable title to those rights in the   |                                  | Office Carlsbac                                  | dt  |  |                              |   |
| Approved By ACCEP<br>onditions of approval, if any, are attach<br>rtify that the applicant holds legal or ea<br>hich would entitle the applicant to cond<br>the 18 U.S.C. Section 1001 and Title 4.<br>States any false, fictitious or fraudulen                         | quitable title to those rights in the<br>fuct operations thereon.<br>3 U.S.C. Section 1212, make it a   | e subject lease                  | rson knowingly and                               |   | ake to any department of   | or agency of the United      |   |

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## Revisions to Operator-Submitted EC Data for Sundry Notice #451636

|                                | Operator Submitted  | BLM Revised (AFMSS)   |
|--------------------------------|---|---|
| Sundry Type:                   | WRK<br>SR   | WRK<br>SR   |
| Lease:                         | NMNM43744   | NMNM43744   |
| Agreement:                     |   |   |
| Operator:                      | OXY USA INC.<br>P.O. BOX 4294<br>HOUSTON, TX 77210<br>Ph: 713-350-4997  | OXY USA INCORPORATED<br>5 GREENWAY PLAZA SUITE 110<br>HOUSTON, TX 77046-0521<br>Ph: 713.350.4816                  |
| Admin Contact:                 | SARAH CHAPMAN<br>REGULATORY SPECIALIST<br>E-Mail: SARAH_CHAPMAN@OXY.COM<br>Cell: 281-642-5503<br>Ph: 713-350-4997 | SARAH CHAPMAN<br>REGULATORY SPECIALIST<br>E-Mail: SARAH_CHAPMAN@OXY.COM<br>Cell: 281-642-5503<br>Ph: 713-350-4997 |
| Tech Contact:                  | DAVID STEWART<br>SR. REGULATORY ADVISOR<br>E-Mail: david_stewart@oxy.com<br>Ph: 432-685-5717                      | DAVID STEWART<br>REGULATORY ADVISOR<br>E-Mail: david_stewart@oxy.com<br>Ph: 432.685.5717                          |
| Location:<br>State:<br>County: | NM<br>EDDY COUNTY   | NM<br>EDDY  |
| Field/Pool:                    | INGLE WELLS BONE SPRING   | INGLE WELLS   |
| Well/Facility:                 | PLATINUM MDP1 33-4 FEDERAL COM 6H<br>Sec 34 T23S R31E NENE 110FNL 933FEL<br>32.267887 N Lat, 103.760139 W Lon     | PLATINUM MDP1 34-3 FEDERAL COM 6H<br>Sec 34 T23S R31E NENE 110FNL 933FEL<br>32.267887 N Lat, 103.760139 W Lon     |