UNITED STATES DEPARTMENT OF THE INTERIOR IS DECLE

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS

Elease Serial No. NMMM45236

Do not use this form for proposals to drill or to re-enter an Archives abandoned well. Use form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit	7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well ☐ Gas Well ☐ Other						8. Well Name and No. STERLING SILVER MDP1 33-4 FD C 171H		
Name of Operator Contact: SARAH CHAPMAN OXY USA INCORPORATED E-Mail: SARAH_CHAPMAN@OXY.COM						9. API Well No. 30-015-45336-00-X1		
3a. Address 3b. Phone No 5 GREENWAY PLAZA SUITE 110 Ph: 713-35 HOUSTON, TX 77046-0521 HOUSTON TX 77046-0521				code)	10. Field and Pool or Exploratory Area PURPLE SAGE-WOLFCAMP (GAS)			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						11. County or Parish, State		
Sec 33 T23S R31E NWNW 90FNL 869FWL 32.267933 N Lat, 103.788475 W Lon						EDDY COUNTY, NM		
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICAT	E NATUR	E OF NOTIC	E, REPORT	OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				I			
☐ Notice of Intent	☐ Acidize	Deep	□ Deepen		☐ Production (Start/Resume)		■ Water Shut-Off	
	□ Alter Casing	☐ Hydr	☐ Hydraulic Fracturing		☐ Reclamation		■ Well Integrity	
Subsequent Report			New Construction		☐ Recomplete		Other Drilling Operations	
☐ Final Abandonment Notice	☐ Change Plans		and Abando		☐ Temporarily Abandon		Drining Operations	
	Convert to Injection Plu eration: Clearly state all pertinent details, include							
following completion of the involved testing has been completed. Final At determined that the site is ready for final 9/3/19 MIRU, test BOP to 500 good test. RIH & drill new forn Drill 6-3/4" to 11557'V/21701'N spacer then cmt w/ 827sxs cla TOC @ 10380'. 9/16/19 ND B	pandonment Notices must be file inal inspection. 0# high 250# low, good tenation to 10917', perform F M. RIH & set 5-1/2" 20# P- ass H cmt w/ additives 13.2	d only after all n st. Test 7-5/8 FIT test to EM 110 DQX/DQ 2ppg 1.44 vie	" csg to 400 W=15.0ppg W TORQ c Id. Full retu	ncluding reclama 00# for 30 min g 1838psi, god sg @ 21681'.	utes, od test pump 160bb t job,	completed an	d the operator has	
						RTESIA DI	ERVATION STRICT	
Accepted for record NMOCD						OCT 0 2	2019	
				•		RECE	(VED	
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #4 For OXY USA nmitted to AFMSS for proce	INCORPORA!	「ED,sent to	the Carlsbad	-	SE)		
Name (Printed/Typed) SARAH CHAPMAN Title R				GULATORY S	SPECIALIST			
Signature (Electronic S	Submission)		Date 09 /2	26/2019				
	THIS SPACE FO	R FEDERA	L OR STA	TE OFFICE	USE			
Approved By			Title A	ccepted	for Reco	ord	\$EP 2 8 2019	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.			Office		Shepard leld Office			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a c statements or representations as t	rime for any per o any matter wit	son knowingl hin its jurisdi	y and willfully to	make to any de	partment or a	gency of the United	