

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. 30-015-45390
5. Indicate Type of Lease STATE <input type="checkbox"/> FBE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sterling Silver MDP1 33-4 Fed Com
8. Well Number #2H
9. OGRID Number 16696
10. Pool name or Wildcat INGLE WELLS; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3373 GL

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 Gas Well Other **NM OIL CONSERVATION ARTESIA DISTRICT**

2. Name of Operator
OXY USA INC

3. Address of Operator
PO BOX 4294, HOUSTON, TX 77210

4. Well Location
 Unit Letter_D: 90 feet from the NORTH line and 939 feet from the WEST line
 Section 33 Township 23S Range 31E NMPM County

NOV 16 2018
 RECEIVED

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 checked="" 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: <input type="checkbox"/>		OTHER: <input 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.

Pursuant to the new horizontal rule 19.15.16.15, Oxy requests to amend the standard horizontal spacing unit to include tracts located within 330' of this well's completed interval.

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 Justin Morris TITLE Regulatory Lead DATE 11/6/18

Type or print name Justin Morris E-mail address: Justin.Morris@oxy.com PHONE: 713-366-5249

For State Use Only
 APPROVED BY: RP TITLE _____ DATE 10-9-19

Conditions of Approval (if any):

Acresage Added 12-7-18. RP, 10-9-19