

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMNM45236

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
STERLING SILVER MDP1 33-4 FD C 5H9. API Well No.  
30-015-45393-00-S110. Field and Pool or Exploratory Area  
INGLE WELLS11. County or Parish, State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
OXY USA INCORPORATEDContact: LESLIE REEVES  
E-Mail: LESLIE\_REEVES@OXY.COM3a. Address  
5 GREENWAY PLAZA SUITE 110  
HOUSTON, TX 77046-05213b. Phone No. (include area code)  
Ph: 713-497-2492

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 33 T23S R31E NENE 96FNL 634FEL  
32.267918 N Lat, 103.776258 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

## TYPE OF SUBMISSION

## TYPE OF ACTION

- ☐
- Notice of Intent
- 
- ☒
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       | Workover Operations                       |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

6/25/19 RU. RIH with 2-3/8" 4.7# L-80 tbg and set @ 9935'. RIH with gas lift equipment, RD 6/28/19.

RECEIVED

JAN 16 2020

EMNRD-OCD ARTESIA

Accepted for record 4/29/2013

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #498364 verified by the BLM Well Information System  
For OXY USA INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 01/13/2020 (20PP0833SE)

Name (Printed/Typed) LESLIE REEVES

Title REGULATORY ADVISOR

Signature (Electronic Submission)

Date 01/08/2020

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

ACCEPTED

JONATHON SHEPARD  
Title PETROLEUM ENGINEER

Date 01/14/2020

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 Carlsbad

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

APR 4-30-20

## Revisions to Operator-Submitted EC Data for Sundry Notice #498364

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	WRK SR	WRK SR
Lease:	NMNM45236	NMNM45236
Agreement:		
Operator:	OXY USA INC PO 4294 HOUSTON, TX 77210 Ph: 713-497-2492	OXY USA INCORPORATED 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521 Ph: 713.350.4816
Admin Contact:	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492
Tech Contact:	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	INGLE WELLS	INGLE WELLS
Well/Facility:	STERLING SILVER MDP1 33-4 FD C 5H Sec 33 T23S R31E Mer NMP NENE 96FNL 634FEL 32.267918 N Lat, 103.776260 W Lon	STERLING SILVER MDP1 33-4 FD C 5H Sec 33 T23S R31E NENE 96FNL 634FEL 32.267918 N Lat, 103.776258 W Lon

State of New Mexico  
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham  
Governor

Sarah Cottrell Propst  
Cabinet Secretary

Todd E. Leahy, JD, PhD  
Deputy Secretary

Adrienne Sandoval, Division Director  
Oil Conservation Division



## Notice of C-104 Denial and Request for Information

OCD denies your C-104 – *Request for Allowable and Authorization to Transport* because it is incomplete or conflicts with other information provided to OCD.

The sale or transport of product without a C-104 approved by OCD violates the Oil and Gas Act and the implementing rules, including 19.15.7.15 and 19.15.16.19 NMAC.

To avoid an enforcement action, you must submit the indicated information no later than 30 days after receipt of this notice.

### Test Allowable, New Well and Recompleted Well

- ☐ C-103 (or BLM equivalent) for all casing strings
  - ☐ Spud Notice
  - ☐ Surface Casing
  - ☐ Intermediate Casing (if applicable)
  - ☐ Additional Intermediate Casing (if applicable)
  - ☐ Production Casing or Liner

☐ Applicable Order (NSL, NSP, Other \_\_\_\_\_)

☐ Deviation Survey for Vertical Wells

☒ Directional Survey

☒ C-102 (As-Drilled Plat for Horizontal Well)

### New Well and Recompleted Well Only

☐ C-103 Completion Sundry (or BLM equivalent)

☒ C-105 Completion Report (or BLM equivalent)

☐ All Logs Run on Well

30-015-45230  
\*Amend C-104 NW

See attached

\* Send again  
as a packet  
in e docs.

THANKS

If you have any questions please contact the local OCD District Office

RECEIVED

District I  
1625 N. French Dr., Hobbs, NM 88240

State of New Mexico  
Energy, Minerals & Natural Resources

JAN 31 2020

Form C-104  
Revised August 1, 2011

District II  
811 S. First St., Artesia, NM 88210

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

EMNRD-00DARTESIA  
Submittal Date: 01/28/2020 Appropriate District Office

☒ AMENDED REPORT

### I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address OXY USA INC. P.O. BOX 4294 HOUSTON, TX 77210		<sup>2</sup> OGRID Number 16696
<sup>4</sup> API Number 30-015-45230		<sup>3</sup> Reason for Filing Code/ Effective Date - NW
<sup>5</sup> Pool Name PURPLE SAGE WOLFCAMP	<sup>6</sup> Pool Code 98220	
<sup>7</sup> Property Code: 322245	<sup>8</sup> Property Name: PLATINUM MDP1 34-3 FEDERAL COM	<sup>9</sup> Well Number: 171H

### II. <sup>10</sup> Surface Location

Ul or lot no. D	Section 34	Township 23S	Range 31E	Lot Idn	Feet from the 220	North/South Line NORTH	Feet from the 1027	East/West line WEST	County EDDY
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### <sup>11</sup> Bottom Hole Location

FTP: 272' FNL 439' FWL LTP: 348' FSL 382' FEWL

UL or lot no. O	Section 3	Township 24S	Range 31E	Lot Idn	Feet from the 247	North/South line SOUTH	Feet from the 377	East/West line WEST	County EDDY
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code : F	<sup>14</sup> Gas Connection Date: 10/04/2019	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

### III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
237722	CENTURION PIPELINE L.P.	O
151618	ENTERPRISE FIELD SERVICES LLC	G

### IV. Well Completion Data

<sup>21</sup> Spud Date 05/31/2019	<sup>22</sup> Ready Date 10/04/2019	<sup>23</sup> TD 11780'V/21863'M	<sup>24</sup> PBTD 11780'V/21822'M	<sup>25</sup> Perforations 11762'-21759'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17-1/2"	13-3/8"	607'	785		
12-1/4"	9-5/8"	4420'	1358		
8-1/2"	7-5/8"	11262'	2139		
6-3/4"	5-1/2"	21835'	883		

### V. Well Test Data

<sup>31</sup> Date New Oil 10/10/2019	<sup>32</sup> Gas Delivery Date 10/10/2019	<sup>33</sup> Test Date 10/20/2019	<sup>34</sup> Test Length 24 HRS	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure 2060
<sup>37</sup> Choke Size 32	<sup>38</sup> Oil 3452	<sup>39</sup> Water 5762	<sup>40</sup> Gas 4719		<sup>41</sup> Test Method

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *April Santos*

Printed name:  
APRIL SANTOS

Title:  
REGULATORY SPECIALIST

E-mail Address:  
April.Santos@Oxy.com

Date: 01/28/2020 Phone: 713-366-5771

OIL CONSERVATION DIVISION

Approved:

Title:

Approve:

**DENIED**  
See Attached Cover Sheet

RECEIVED

JAN 31 2020

Form 3160-4  
(August 2007)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

EMNRD-OCD ARTESIA

5. Lease Serial No. NMNM43744	
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Lease Name and Well No. PLATINUM MDP1 34-3 FED COM 171H	
9. API Well No. 30-015-45230	
10. Field and Pool, or Exploratory PURPLE SAGE WOLFCAMP	
11. Sec., T., R., M., or Block and Survey or Area Sec 34 T23S R31E Mer NMP	
12. County or Parish EDDY	13. State NM
17. Elevations (DF, KB, RT, GL)* 3423 GL	

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other	

2. Name of Operator OXY USA INC.		Contact: APRIL SANTOS E-Mail: APRIL_HOOD@OXY.COM	
3. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521		3a. Phone No. (include area code) Ph: 713-366-5771	

4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 34 T23S R31E Mer NMP At surface NWNE 220FNL 1027FWL 32.267580 N Lat, 103.770890 W Lon Sec 34 T23S R31E Mer NMP At top prod interval reported below NWNE 272FNL 439FWL 32.267450 N Lat, 103.773000 W Lon Sec 3 T24S R31E Mer NMP At total depth SWSE 247FSL 377FEL 32.239190 N Lat, 103.773160 W Lon	
--	--

14. Date Spudded 05/31/2019	15. Date T.D. Reached 08/23/2019	16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 10/04/2019
--------------------------------	-------------------------------------	---

18. Total Depth: MD 21863 TVD 11780	19. Plug Back T.D.: MD 11547 TVD 11475	20. Depth Bridge Plug Set: MD TVD
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21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY	22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)
--	--

## 23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	607		785	190	0	
12.250	9.625 HCL-80	40.0	0	4420		1358	404	0	
8.500	7.625 HCL-50	26.4	0	11262		759	237	181	
6.750	5.500 P-110	20.0	0	21835		883	200	10750	

## 24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	11762	21760	11762 TO 21760	0.370	1508	ACTIVE
B)						
C)						
D)						

## 26. Perforation Record

## 27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
11764 TO 21760	FRAC'D W/ 1332 BBLs ACID + 292749 BBLs SLICKWATER W/21168000# SAND

## 28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
10/10/2019	10/20/2019	24	→	3452.0	4719.0	5762.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
32	SI	2060.0	→	3452	4719	5762	1367	POW	

## 28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #501108 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

## 28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

## 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
SOLD

## 30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
BELL CANYON	4334	5207	OIL, GAS, WATER	RUSTLER	532
CHERRY CANYON	5207	6426	OIL, GAS, WATER	SALADO	878
BRUSHY CANYON	6426	8155	OIL, GAS, WATER	CASTILLE	2808
BONE SPRINGS	8155	9030	OIL, GAS, WATER	LAMAR	4297
1ST BONE SPRINGS	9030	9510	OIL, GAS, WATER	BELL CANYON	4334
2ND BONE SPRINGS	9510	10346	OIL, GAS, WATER	CHERRY CANYON	5207
3RD BONE SPRINGS	10346	11543	OIL, GAS, WATER	BRUSHY CANYON	6426
WOLFCAMP	11543		OIL, GAS, WATER	BONE SPINGS	8155

## 32. Additional remarks (include plugging procedure):

## 52. FORMATION (LOG) MARKERS CONTD.

1ST BONE SPRINGS - 9030'M  
2ND BONE SPRINGS - 9510'M  
3RD BONE SPRINGS - 10346'M  
WOLFCAMP - 11543'M

LOGS WERE MAILED 1/27/2020.

## 33. Circle enclosed attachments:

- |   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7. Other:     |                       |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #501108 Verified by the BLM Well Information System.  
For OXY USA INC., sent to the Carlsbad

Name (please print) APRIL SANTOS

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 01/28/2020

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

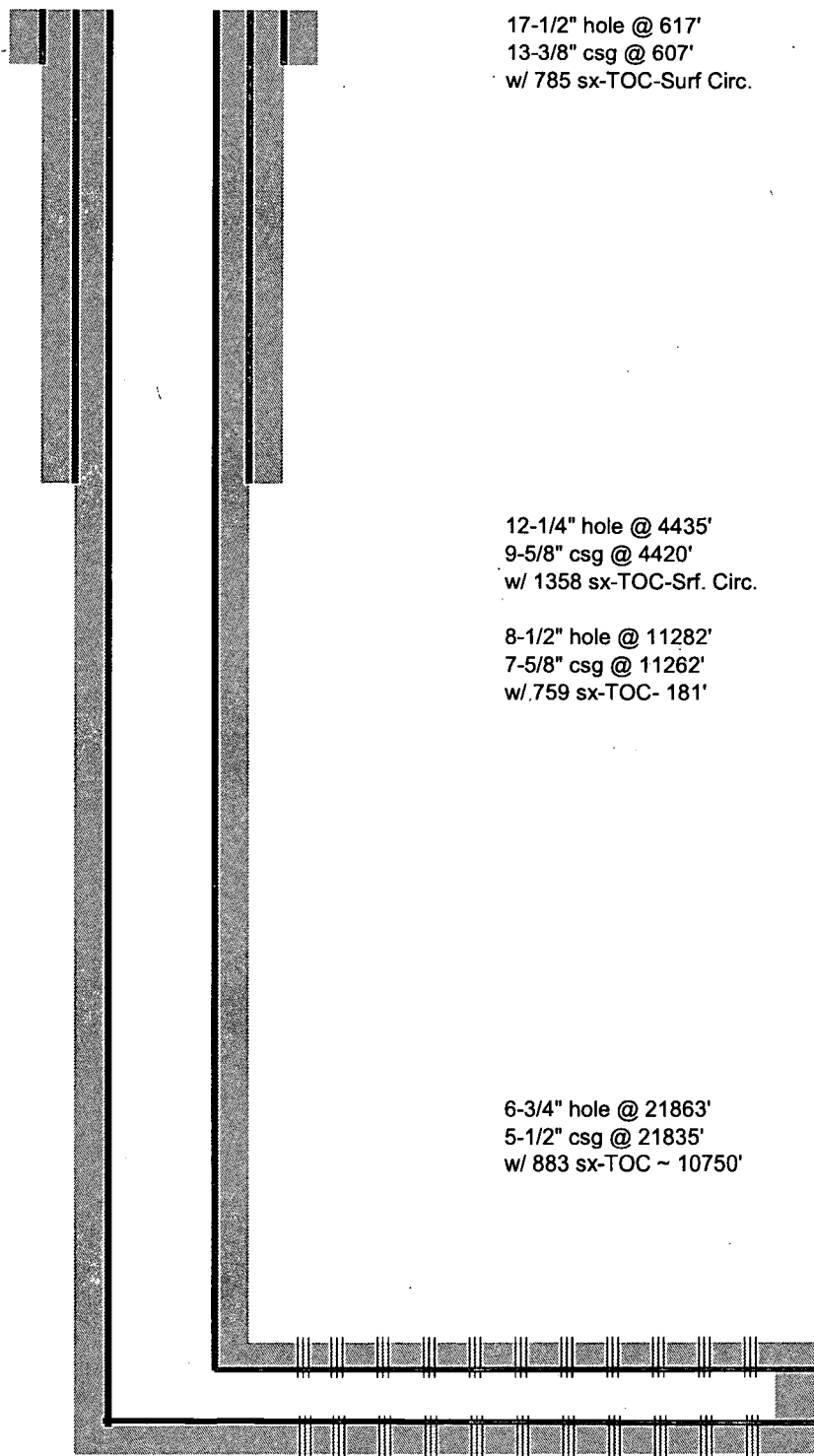
**Additional data for transaction #501108 that would not fit on the form**

**32. Additional remarks, continued**

LOG HEADER, DIRECTIONAL SURVEY, AS-DRILLED AMENDED C-102 PLAT & WBD ARE ATTACHED

Tubing exception sundry filed

OXY USA INC  
Platinum MDP1 34-3 Fed Com 171H  
API No. 30-015-45230



Perfs @ 11762'-21760'

TD- 21863' M 11780' V