State of New Mexico

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Form C-103

_	APPENIO	

to Appropriate District Office	Energy, Minerals and Natural Re	sources Department	UV	Revised 1-1-89
OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM \$8240 P.O. Box 2088		WELL API NO.	5- 21 5 93	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lesse	
DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE)	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER- 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agree	
1. Type of Well: Off. GAS WELL WELL X	OTHER		(olonia A (0M . 8595
2. Name of Operator			8. Well No.	5,0
OXY USA In	<u>c.</u>	16696	9. Pool name or Wildcat	
P.O. Box 5	0250 Midland, TX 79	710-0250	Carlsbad Stra	won
4. Well Location Unit Letter : 1650	Feet From The South	Line and 198	30 Feet From The	west Line
10				
Section (8	Township ZZS Ray 10. Elevation (Show whether I		NMPM Edd4	County
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	America Por to Indicate N	Januara Mariana D		
NOTICE OF IN	Appropriate Box to Indicate NENTION TO:		eport, of Other Data SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		ID ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C		ID ABARDORMENT I
OTHER: GAS WELL SHUT-IN	PRESSURE EXEMPTION XX	OTHER:		
	nicos (Clearly state all persinent details, an			
OXY USA INC. RE ANNUAL SHUT-IN POTENTIAL FORMA PERMANENT LOSS	ESPECTFULLY REQUESTS AN PRESSURE TEST. THE NEE ATION DAMAGE IN THE FLUI	EXEMPTION TO RED FOR THIS EXC D SENSITIVE SAND THIS WELL BE	ULE 402 (A) FOR TH EPTION IS TO AVOID NDS AND POSSIBLE SHUT-IN FOR AN Y	E
I hereby certify that the information above is to Signature.	ue and complete to the best of my knowledge and	belief.	7 Analyst DATE	<u>පි\ැප\ඇප</u> #DNE NO. 915685571
TYPE OR PRINT NAME				HUMENU. 9130033/1
(This space for State Use)	Jim W. Bum	Districts	genico	3-17-99

CONDITIONS OF AFFROVAL, IF ANY: