-		0155	
Submit 3 Copies To Appropriate District State of New Mex	tico		Form C-103
Office Energy, Minerals and Natura	al Resources	UV	Revised March 25, 1999
25 N. French Dr., Hobbs, NM 87240		WELL API NO.	015- 26248
District II 811 South First. Artesia. NM 87210 OIL CONSERVATION I	1	5. Indicate Type of Lease	
District III 2040 South Pacheco 000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE	
District IV 2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Ga	is Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name:
(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.)		Governmen	+ AB
1. Type of Well:		Georgi Marie	
Oil Well Gas Well Other 2. Name of Operator V		8. Well No.	
	6696	5	
3. Address of Operator		9. Pool name or W	
P.O. BOX 50250 MIDLAND, TX 79710-	-0250	Burton Fl	at Morrow
Unit Letter E: 1980 feet from the North	\sim line and \square	feet fron	n the West line
Section \(Township 205 Rai	nge 7-8 E	NMPM	County EDDY
10. Elevation (Show whether DR)	26
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			ALTERING CASING
	COMMENCE DOU	LINC ODNE	PLUG AND -
TEMPORARILY ABANDON	COMMENCE DRIL	<u> </u>	ABANDONMENT
PULL OR ALTER CASING	CASING TEST AN CEMENT JOB	D 🗆	
OTHER: Gas Well Shut-In Pressure Exemption	OTHER:		
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.			
of recompitation.			
		,	
OXY USA INC. RESPECTFULLY REQUESTS AND	EXEMPTION TO I	RULE 402 (A)	FOR THE CONTRACTOR
ANNUAL SHUT-IN PRESSURE TEST. THE NEED FOR THIS EXCEPTION IS TO AVOID POTENTIAL FORMATION DAMAGE IN THE FLUID SENSITIVE SANDS AND POSSIBLE			
PERMANENT LOSS OF PRODUCTIVITY. SHOULD	D THIS WELL B	E SHUT-IN FOR	
REASON, A SHUT-IN PRESSURE TEST WOULD	BE CONDUCTED A	AT THE TIME.	The state of the s
FTP 360 GAS 190 MCFD 01	LIBPD	WATER BP	D 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
$\Omega : \mathcal{A} \cdot I$			DATE 7/6/99
SIGNATURE VW STATE TITLE	REGULATORY A		
Type or print name DAVID STEWART	O :	Telephone No. 915	
(This space for State use) Jim W. Sum	Westrict	Supervisor	7 , 50
APPPROVED BY BGA TITLE			DATE 7-12-95
Conditions of approval, if any:			