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Submit 2 Copies To Appropriate District  Office  State of New Metalogue and Networks and Network			Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs. NM 87240  Energy, Minerals and Natur	rai Resources	WELL API NO.	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION		5. Indicate Type o	015-21416 f Lease
District III 2040 South Pacheco 1000 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 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or	Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Tracy B	Com.
PROPOSALS.)  1. Type of Well:		mace o	
Oil Well Gas Well Other  2. Name of Operator V		8. Well No.	
OXY USA Inc. 16696		9. Pool name or V	Vildcat
P.O. BOX 50250 MIDLAND, TX 79710	0-0250	Coulsbad Mo	
4. Well Location			
Unit Letter I : 2045 feet from the South	line and	19 feet from	n the <b>East</b> line
Section 18 Township 225 Ra		NMPM	County EDDY
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
NOTICE OF INTENTION TO: SUB- PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOL		<u> </u>	PORT OF: ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRIL	LING OPNS	PLUG AND
	CASING TEST AN		ABANDONMENT
PULL OR ALTER CASING	CEMENT JOB		
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.			
OXY USA INC. RESPECTFULLY REQUESTS AN EXEMPTION TO RULE 402 (A) FOR THE 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 THIS WELL BE SHUT-IN FOR ANY REASON, A SHUT-IN PRESSURE TEST WOULD BE CONDUCTED AT THE TIME.			
ftp <u>226</u> gas <u>240</u> mcfd oi	IL <u>O</u> BPD	WATER_\_BP	D September 1
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
7-1-1-0			
SIGNATURE Va STY TITLE	REGULATORY A	ANALYST	DATE ILLIAM
Type or print name DAVID STEWART	· · · · · · · · · · · · · · · · · · ·	Telephone No. 91:	5-685-5717
(This space for State use)  Jen W. Burn	17.4.	·	UDATE 7-12-99
APPPROVED BYTITLE_ Conditions of approval, if any:	MARSARLA	Sycanor	DATE / / / / /