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Submit 3 Copies To Appropriate District  State of New Me	exico	$\tilde{\Omega}$	Form C-103	
Office Energy Minerals and Natu	Energy, Minerals and Natural Resources		Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 87240		WELL API NO.	115 3-005	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION			30-015- <b>30295</b> 5. Indicate Type of Lease	
istrict III 2040 South Pacheco		STATE K FEE		
District IV Sama Pe, Nivi 87303		6. State Oil & Gas Lease No.		
2040 South Pacheco. Santa Fe. NM 87505				
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				
PROPOSALS.)  1. Type of Well:		Oxy Zephyr State		
Oil Well Gas, Well 🔀 Other	. –			
2. Name of Operator	16606	8. Well No.		
OXY USA Inc. 16696  3. Address of Operator		9. Pool name or Wildcat		
P.O. BOX 50250 MIDLAND, TX 79710-0250		Black River Atoka, N.		
4. Well Location				
Unit Letter I: 1980 feet from the South line and 660 feet from the East line				
Onit Letter COO _ leet nom the	inc and	icet non	in themine	
	ange 26E	NMPM	County EDDY	
10. Elevation (Show whether D	OR, RKB, RT, GR, et	c.)	غدادة	
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 WORK  ALTERING CASING				
TEMPORARILY ABANDON	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST A	ND 🗆	, D, WOO WILLIAM	
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.		<i></i>		
		[#		
		(B)	OC. R	
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 TO AV				
PERMANENT LOSS OF PRODUCTIVITY. SHOU	LD THIS WELL	BE SHUT-IN FOR	ANY	
REASON, A SHUT-IN PRESSURE TEST WOULD BE CONDUCTED AT THE TIME.				
FTP 400 GAS 444 MCFD O	IL <b>l</b> BPD	WATER O BP		
TIP				
		1 11 11 6		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Sty TITLE	REGULATORY	<u>ANALYST</u>	DATE 769	
Type or print name DAVID STEWART		Telephone No. 91:	5-685-5717	
(This space for State use)	_			
(This space for State use)  APPPROVED BY Conditions of approval, if any:    Sim W. Sumile   Dithit Supervisor   DATE 7-13-99				
Conditions of approval, if any:		7		