Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 87240 District II 811: outh First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101)	ural Resources N DIVISION Checo 37505 S LUG BACK TO A	5. Indicate Type of STATE 6. State Oil & G 7. Lease Name or	FEE as Lease No. Unit Agreement Name:
PROPOSALS.) 1. Type of Well:		DX 1 O'K'	ng Federal
Oil Well Gas Well Other 2. Name of Operator		8. Well No.	
OXY USA Inc.	16696	O. Pool name or V	Vildent
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250		9. Pool name or Wildcat	
4. Well Location			
Unit Letter N: 660 feet from the South line and 1650 feet from the West line			
Section 23 Township 175	Range 27E	NMPM	County EDDY
10. Elevation (Show whether	DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate INOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPLETION		SEQUENT REI	
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 WOULI	BE CONDUCTED A	AT THE TIME.	3/4
FTP 200 GAS 518 MCFD	DIL 4 BPD	WATERBP	D
			-
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Jui State TITLE	REGULATORY A	ANALYST	DATE 717199
Type or print name DAVID STEWART		Telephone No. 915	5-685-5717
(This space for State use) Sun W. Sum	0.4.		
APPPROVED BY B6N TITLE Conditions of approval, if any:	Kustrut	Superviso	υ _{DATE} 7-13-99