Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr Hobbs. NM 87240 District II 811 South 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 WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well:	Revised March 25. 1999 WELL API NO. 30-015- 2959 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name:
Oil Well Gas Well Other 2. Name of Operator	8. Well No.
•	6696 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 50250 MIDLAND, TX 79710-	1250 Logan Draw Morrow
4. Well Location	
Unit Letter I : 2230 feet from the South	line and 660 feet from the East line
Section 21 Township 175 Ran	
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: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND
==	CASING TEST AND 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 EXPLOSED 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 100 GAS 347 MCFD OIL	_\ BPD WATER \ BPD
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Ow Stiff TITLE	REGULATORY ANALYST DATE 7 2 99
Type or print name DAVID STEWART	Telephone No. 915-685-5717
(This space for State use) APPPROVED BY Conditions of approval, if any: APPROVED BY Conditions of approval, if any:	