	151
Submit 3 Copies To Appropriate District State of New Mer	kico For:n C-103
Office District 1 Energy, Minerals and Natur	
District I!	WELL API NO.
811 South First, Artesia. NM 87210 OIL CONSERVATION	5 Indicate Type of Lease
District III 2040 South Pach 1000 Rio Brazos Rd., Aztec, NM 87410	eco STATE V FEE
District IV Santa Fe, NM 87	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.)	OXY Wallace State (om.
1. Type of Well: 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 4. Well Location	-0250 Crow Flats Morrow
4. Well Education	
SL Unit Letter F: 1650 feet from the North line and 2310 feet from the West line BHL F 1977 Worth	
1	00001
Section 9 Township 175 Ran 10. Elevation (Show whether DR	
10. Elevation (Show whether Div	, RRD, R1, GR, etc.)
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 DRILLING OPNS. PLUG AND
_	ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND
	CEMENT JOB
OTHER: Gas Well Shut-In Pressure ExemptionXX	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.	
01.1000mp.m	
	#
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.	
TTD 1000 010 1007 1007	7
FTP 1000 GAS 2883 MCFD 011	.25 BPD WATER BPD
I hereby certify that the information above is true and complete to the b	est of my knowledge and belief.
6 (6)	, -
SIGNATURE Un Star TITLE	REGULATORY ANALYST DATE 7/7/199
Type or print name DAVID STEWART	Telephone No. 915-685-5717
(This areas for Chatarray)	
Ble Sem W. Seem	District Supervisor DATE)-13-99
APPPROVED BY TITLE Conditions of approval, if any:	Nestrect Signs DATE)-13-99
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