, marin	-	C15/1	
	State of New Mexico		Form C-103
<u> </u>	Energy, Minerals and Natural Resources		Revised Marc: 25, 1999
1625 N. French Dr., Hobbs, NM 87240  District II  OLL CONSED VATIO			-015- <b>3021\</b>
11 South First, Artesia, NM 87210 OTL CONSERVATION DIVISION District III 2040 South Pacheco		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE [	FEE
2040 South Pacheco. Santa Fe. NM 87505		6. State Oil & G	as 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			
PROPOSALS.)  1. Type of Well:		OXY Duk	e Federal
Oil Well 🔲 Gas Well 🔀 Other			
2. Name of Operator√ OXY USA Inc. 16696		8. Well No.	
3. Address of Operator		9. Pool name or Wildcat	
P.O. BOX 50250 MIDLAND, TX 79710-0250 4. Well Location		Crow Flat	5 Morrow
Unit Letter H: 1980 feet from the Nor	line and	feet from	m the <u>Fast</u> line
Section 13 Township 175		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:			
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING			
TEMPORARILY ABANDON	COMMENCE DRI	COMMENCE DRILLING OPNS. PLUG AND	
PULL OR ALTER CASING	CASING TEST A	CASING TEST AND	
COMPLETION	CEMENT JOB	CEMENT JOB	
OTHER: Gas Well Shut-In Pressure Exemption CX 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 550 GAS 133 MCFD	DIL_4 BPD	WATER O BP	
			<b>ৣ৽ৼ৾</b>
			Post Con Land
			19750
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE REGULATORY ANALYST DATE 7/29			
Type or print name DAVID STEWART		Telephone No. 915	 S_685_5717
(This space for State use)		•	
Sim W. Sum O't + S. Murison			
APPPROVED BY			