Submit 3°Copies To Appropriate District State of New Mexico Office	C/3/0 Form C-103
District I Energy, Minerals and Natural R	esources VV Revised March 25, 1999 WELL API NO.
District II  State State State Address NM 87240  OIL CONSERVATION DIV	20.015 2037 (
NM 87210 OIL CONSERVATION DIV	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec. NM 87410 Santa Fe NM 87505	STATE 🗹 FEE 🗌
District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC	CH
PROPOSALS.)	DXY Mustang State Com.
1. Type of Well: Oil Well ☐ Gas, Well ☑ Other	
2. Name of Operator V	8. Well No.
OXY USA Inc. 16696	9. Pool name or Wildcat
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250	- · · · · · · · · · · · · · · · · · · ·
4. Well Location	THE PER WALL TO THE
Unit Letter I: 1980 feet from the South line and 660 feet from the East line	
Section 16 Township 185 Range	29 E NMPM County EDDY
10. Elevation (Show whether DR, RK	· • •
	CN die Deut et Other Dete
11. Check Appropriate Box to Indicate Nature NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	MEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT
· • • • • • • • • • • • • • • • • • • •	SING TEST AND MENT JOB
OTHER: Gas Well Shut-In Pressure Exemption	HER:
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.	
of recompliation.	
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 $\bigcirc$ VQID	
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.	
REASON, A SHOT-IN PRESSURE TEST WOOLD BE CONDUCTED AT THE TIME.	
FTP 270 GAS 1070 MCFD OIL 2	BPD WATER   BPD
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
0,21	-11-
SIGNATURE Vin Sty TITLE RE	
Type or print name DAVID STEWART	Telephone No. 915-685-5717
(This space for State use)  ORIGINAL SIGNED BY TIM W. GUM  APPPROVED BY  FINETRICT II SUPERVISOR  TITLE	
APPPROVED BY DATE 7-12-95	
APPPROVED BY FRATEICT II SUPERVISOR TITLE	DATE 7 - 12 - 95