1625 N. French Dr., Hobbs, NM 87240 WELL APLINO
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION 30-015- 29601
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 5. Indicate Type of Lease STATE X FEE
District IV 2040 South Pacheco. Santa Fe. NM 87505 Santa Fe. NM 87505 STATE X FEE 6. State Oil & Gas 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other
2. Name of Operator 8. Well No.
OXY USA Inc. 16696 3. Address of Operator
9. Pool name or Wildcat
4. Well Location Turkey Track Morrow
Unit Letter B: 660 feet from the North line and 1650 feet from the East line
Section 9 Township 195 Range 29E 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: PERFORM REMEDIAL WORK PLUG AND ABANDON SEMECIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE CASING TEST AND CEMENT JOB ABANDONMENT
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.
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 250 GAS 1044 MCFD OIL 2 BPD WATER 2 BPD
I hereby certify that the information above is true or
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE TITLE REGULATORY ANALYST DATE 7/7/99
Type or print name DAVID STEWART Telephone No. 915-685-5717 (This space for State use)

APPPROVED BY_

Sim W. Sum

District Sepervisor 7:12 00