Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-20958

5. Indicate Type of Lease STATE ☐ 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.)

7. Lease Name or Unit Agreement Name: Government T Com 008618

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 1

3. Address of Operator: P.O. Box 50250 Midland, TX 79710

9. Pool name or Wildcat 73520 Burton Flat Wolfcamp, No.

4. Well Location
Unit Letter C : 810 Feet From The South Line and 1980 Feet From The West Line

Section 14 Township 20S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3246'

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	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: Exemption - PKR Ckg Test	☒			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.

OXY USA Inc. requests permission to not submit an Annual Packer Leakage Test. A workover to P&A the Morrow zone and test add'l Wolfcamp has been filed w/ the BLM. Please see attached.

RECEIVED
AUG 24 1995
OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Regulatory Analyst DATE 8/23/95

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE AUG 29 1995

CONDITIONS OF APPROVAL, IF ANY: