		0155		
Submit 3 Copies To Appropriate District State of New	State of New Mexico		Form C-103	
Office Energy, Minerals and	Energy, Minerals and Natural Resources		Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 87240		WELL API NO!	015- 21067	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		5. Indicate Type o		
District III 2040 South Pacheco Santa Fe, NM 87505		STATE		
District IV 2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Ga	is 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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				
PROPOSALS.)		Governmen	tw com.	
1. Type of Well: Oil Well Gas Well A Other				
2. Name of Operator /	16696	8. Well No.		
OXY USA Inc. 16696 3. Address of Operator		9. Pool name or V	9. Pool name or Wildcat	
P.O. BOX 50250 MIDLAND, TX 79710-0250		Burton Fla	Burton Flat Morrow	
4. Well Location				
Unit Letter N: 660 feet from the South line and 1980 feet from the West line				
Section 22 Township 20S	Range 28 E	NMPM	County EDDY	
10. Elevation (Show whether	her DR, RKB, RT, C	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 L	ALTERING CASING	
TEMPORARILY ABANDON] COMMENC	E DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TE			
OTHER: Gas Well Shut-In Pressure Exemption	OTHER:			
Clearly state all pertinent details, and give pertinent dates, including estimated date				
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach we hoofe diagram of proposed completions.				
or recompilation.				
OXY USA INC. RESPECTFULLY REQUESTS AN EXEMPTION TO RULE 402 (A) CORO THE				
ANDRIAL CHIEF IN PRESSURE TEST. THE NEED FOR THIS EXCEPTION IS TO AVOID A				
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 70 GAS 62 MCFD	OIL O BP	D WATER B	PD	
				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Ω . Ω		TORY ANALYST	DATE 7/6/99	
		Telephone No. 9	15-685-5717	
Type or print name DAVID STEWART		rerephone 110. 7		
(This space for State use) $36\times$			DATE 7.11.99	
(This space for State use) APPPROVED BY Conditions of approval, if any:	m ke	trut Supervis	DATE 7 - 12 -99	