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Submit 3-Copies To Appropriate District State of New Mex	<u> </u>	Form C-103
Office Energy, Minerals and Naturals	al Resources WELL API NO.	Revised March 25, 1999
District II OIL CONSERVATION	20	-015- 21109
811 South First, Artesia, NM 87210 District III 2040 South Pache	5 Indicate Lyne	of Lease
1000 Rio Brazos Rd., Aztec. NM 87410 District IV Santa Fe, NM 873	STATE	FEE Gas Lease No.
2040 South Pacheco, Santa Fe. NM 87505	6. State Oil & 6	Jas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU- DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	SUCH	
PROPOSALS.) 1. Type of Well:	Governme	nt 9
Oil Well Gas Well Q Other		
2. Name of Operator OXY USA Inc.	8. Well No.	
3. Address of Operator	9. Pool name or	
P.O. BOX 50250 MIDLAND, TX 79710-	0250 Burton Fl	et Morrow
4. Well Location		
Unit Letter I: 1980 feet from the South	line and 660 feet fro	om the <u>East</u> line
Section (\ Township 205 Rar	ge 18E 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 DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER: Gas Well Shut-In Pressure Exemption	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.		
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	WITH THE TOTAL TO DITE 400 (3)	- O- Ac
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 REASON, A SHUT-IN PRESSURE TEST WOULD I	THIS WELL BE SHUT-IN FOR CONDUCTED AT THE TIME.	R ANY
		Eggen 1997
FTP <u>425</u> GAS 138 MCFD 011	_ BPD WATER B	PD
		-
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Va Sty TITLE	REGULATORY ANALYST	DATE 716 99
Type or print name DAVID STEWART	Telephone No. 915-685-5717	
(This space for State use) Jim W. Gum	0.7:45. Auris	N
APPPROVED BY BOTH TITLE	MARAAMI Siguri W	DATE 7-12-99
Conditions of approval, if any:		