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Submit 2 Copies To Appropriate District State of New Mexico Office					Form C-	
District I Energy, Minerals and Natural Resources				WELL API NO.	Revised March 25.	1999
District II OIL CONSERDA A TION DIVISION					015-21687	į
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION District III 2040 South Pacheco			5. Indicate Type of			
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 & G	as Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or	Unit Agreement Nar	me:
(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					C	
PROPOSALS.)				C.D.M. A Com		
1. Type of Well: Oil Well ☐ Gas Well ☑ Other						
2. Name of Operator				8. Well No.		
OXY USA Inc. 1669			16696			
3. Address of Operator			0250	9. Pool name or Wildcat		
P.O. BOX 50250 MIDLAND, TX 79710-0250 4. Well Location				Burton Flat Morrow		
	0.5	۱ ۱	, ,	(-		
Unit Letter U : 9	190 feet from the	Nort	line and	feet from	n the West	line
Section 29	Township 21	S Ra	nge スコモ	NMPM	County EDDY	
1	0. Elevation (Show wi			·.)		
11 Check Apr	ropriate Boy to Ind	icate Na	ture of Notice 1	Report or Other	100	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
			REMEDIAL WOR		ALTERING CASING	G □
TEMPORARILY ABANDON (CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND	
PULL OR ALTER CASING			CASING TEST AND			
(CEMENT JOB	_				
OTHER: Gas Well Shut-In Pr	OTHER:					
12. Describe proposed or completed of starting any proposed work).	operations. (Clearly sta SEE RULE 1103. For N	ate all per Multiple C	tinent details, and go Completions: Attacl	ive pertinent dates, h wellbore diagram	including estimated of proposed completi	date ion
or recompilation.						
OXY USA INC. RES		TS AN	EXEMPTION TO	RULE 402 (A)	FOR THE	
ANNUAL SHUT-IN P POTENTIAL FORMAT				CEPTION IS TO	_	19
PERMANENT LOSS O				E SHUT-IN FOR		,
REASON, A SHUT-I	N PRESSURE TEST	WOULD :	BE CONDUCTED	AT THE TIME,	10 Ch. 10,	
FTP (00	GAS 252 MCFD	OT	L l BPD	WATER BP	D PACO	
111	JAD TO TO THE TOTAL OF THE TOTA	01				4.1 4.1
						18 ⁸⁰ - 1
I hereby certify that the information a	have in two and comple	sta ta tha l	and of my length of	go and haliaf		
i hereby certify that the information a	Sove is true and comple	te to the t	best of my knowled	ge and benen.	1 1	
SIGNATURE Va S		TITLE	REGULATORY	<u>ANALYST</u>	DATE 7 4 9	9
Type or print name DAVI	D STEWART		·	Telephone No. 915	5-685-5717	
(This space for State use)	112 0. 3	60				
APPPROVED BY	v W. Gum	TITLE	0:+:-	+ S. A	DATE 7-12-9	9
Conditions of approval, if any:		· –	manuel	squires.		