Submit 3 Copi to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 **Revised 1-1-89**

DISTRICT I P.O. Box 1980, Hobbs, NM 18240

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM \$2210

Santa Fe, New Mexico 87504-2088

WELL API NO.		
	30-015-	24948

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

5. Indicate Type of L

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410		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"				
		7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)		Government AD Com.		
1. Type of Well:				
MET MET X	OTHER		8611	
2. Name of Operator OXY USA Inc.		16696	8. Well No. 3	
3. Address of Operator P.O. Box 50250	Midland, TX 79	9710-0250	9. Pool name or Wildow La Huerta Atoka	
4. Well Location				
Unit Letter H: 1980 Feet From The Worth Line and 660 Feet From The East Line				
Section 21	Township 215 R		NMPM Eddy County	
10. Elevation (Snow whether DF, 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	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	BOX TNEM:	
OTHER: GAS WELL SHUT-IN PRES	SURE EXEMPTION XX	OTHER:		

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.

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

above is true and complete to the best of my knowledge and belief. I hereby certify that the information Regulatory Analyst David Stewart **TELEPHONE NO.** 915685571TYPE OR PRINT NAME W District Supervisor

APPROVED BY-

work) SEE RULE 1103.