Submit 3 Copies To Appropriate District Office District 1 1625 N. French Dr., Hobbs, NM 87240 State of New Mex Energy, Minerals and Natura	(j_V)
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION I	DIVISION 30-015- 24948
District III 2040 South Pache	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe. NM 875	6. State Oil & Gas Lease No.
2040 South Pacheco. Santa Fe. NM 87505 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 PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well:	G BACK TO A
Oil Well Gas Well 🔀 Other	
2. Name of Operator OXY USA Inc.	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 50250 MIDLAND, TX 79710-0250 La Huerta Atoka 4. Well Location	
Unit Letter H: 1930 feet from the North	line and 660 feet from the East line
Section 21 Township 215 Ran	nge 27E 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.	
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. FTP 326 GAS 37 MCFD OIL O BPD WATER Z BPD	
I hereby certify that the information above is true and complete to the bo	pest of my knowledge and belief.
SIGNATURE TITLE	REGULATORY ANALYST DATE 7/1/99
Type or print name DAVID STEWART	Telephone No. 915-685-5717
(This space for State use)	O'+ + A - A - A - A - A - A - A - A - A -
(This space for State use) APPPROVED BY Conditions of approval if any:	DATE 7-12-99