	- rict
Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resour	rces Revised March 25, 1999
District II	WELL API NO.
811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISIO	ON 30-015- 23841 5. Indicate Type of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV 2040 South Pacheco, Santa Fe, NM 87505 Santa Fe, NM 87505	6. State Oil & Gas 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	OA
PROPOSALS.)	Government NBFD
I. Type of Well: Oil Well	
2. Name of Operator	8. Well No. 1
OXY USA Inc. 16696	L .
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250	9. Pool name or Wildcat Burton Flat Morrow
4. Well Location	Burton Flat Wolfcamp, N.
Unit Letter M: 660 feet from the South line	
ine	and 550 feet from the ω est line
Section \\ Township 205 Range 28	
10. Elevation (Show whether DR, RKB, RT)	G, 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 REMEDIA	AL WORK ALTERING CASING
TEMPORARILY ABANDON	NCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING CEMENT	TEST AND
OTHER: Gas Well Shut-In Pressure Exemption (XX) OTHER:	
12. Describe proposed or completed operations. (Clearly state all pertinent detail	ils, 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 CONTROL	
PERMANENT LOSS OF PRODUCTIVITY. SHOULD THIS WELL BE SHUT-IN FOR ANY REASON, A SHUT-IN PRESSURE TEST WOULD BE CONDUCTED AT THE TIME.	
REASON, A SHOT-IN PRESSURE TEST WOOLD BE CONDU	COLD AT THE TIME.
M FTP 45 GAS 150 MCFD OIL O BI	PD WATER BPD
W 50 258 12	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE REGULATORY ANALYST DATE 76/99	
Type or print name DAVID STEWART	Telephone No. 915-685-5717
	Telephone 140. 713-003-3/17
APPPROVED BY Jim W. Sum District September 7-12-99	
APPPROVED BY TITLE WWW.TSuffewise.ATE7-/2-97 Conditions of approval, if any:	