S bmit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs. NM 87240 District II 811 South First, Artesia. NM 87210 State of New M Energy, Minerals and Nat	well APINO.
District III 2040 South Pact Santa Fe, NM 87410 South Pact Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PIDIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	LUG BACK TO A FOR SUCH OXY Bulldog State
2. Name of Operator V OXY USA Inc.	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 50250 MIDLAND, TX 797	10-0250 Burton Flat Morrow
4. Well Location	
Unit Letter H: 1980 feet from the Now	line and 660 feet from the East line
Section 6 Township 205 F	Range 28E NMPM County EDDY
10. Elevation (Show whether I	
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 <u>98</u> GAS <u>540</u> MCFD C	OIL 2 BPD WATER 2 BPD OCH CENTED ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Out State TITLE	REGULATORY ANALYST DATE 7/6/199
Type or print name DAVID STEWART	Telephone No. 915-685-5717
	Ristrict Septension
APPROVED BY	DATE 7 -/2 -95