## Submit 3 Copie to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

CIST	
6)	Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II
P.O. Derman DD. Artenia, NM \$2210

Santa Fe, New Mexico 87504-2088

WELL API NO.		<u>-</u>
	30-015-203	53 G
5. Indicate Type	of Lease	
	STATE	FEE 🛚

P.O. Drawer DD, Artesia, NM \$8210  DISTRICT III 1000 Rio Brezos Rd., Aziec, NM \$7410  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" (FORM C-101) FOR SUCH PROPOSALS.)			5. Inducate Type of Lease  STATE  FEE  6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name					
					1. Type of Well:	<del></del>	·	Strackbein A
					ANT ANT A	OTHER		8665
					2. Name of Operator OXY USA Inc.		16696	8. Well No.
3. Address of Operator P.O. Box 50250 Mi	dland, TX 79	9710-0250	9. Pool name or Wildow Carlsbad Morrow, South					
4. Well Location Unit Letter E: 1980 Feet From Section 32 Township 10.		10ge 27E 1	NMPM Eddy County					
Check Appropriate	Por to Indicate	Names of Names Ba	- Villa Data					
11. Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AF	ND ABANDON	REMEDIAL WORK	ALTERING CASING					
TEMPORARILY ABANDON CHANGE	PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB					
OTHER: GAS WELL SHUT-IN PRESSURE I	EXEMPTION XX	OTHER:						
12. Describe Proposed or Completed Operations (Clearly stawork) SEE RULE 1103.	ue all persinent desails; as	nd give pertinent dates, includ	ling estimated date of starting any proposed					

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.

I hereby certify that the info	ommstop above is true and complete to the		Regulatory Analyst	DATE 8/18/98
TYPE OR PRINT NAME	David Stewart			TELEPHONE NO. 9156855717
(This space for State Use)	Sim W.	Bur	District Supervisor	
APPROVED BY-			Westreet Sight was	- DATE 3 - 17 - 95

CONDITIONS OF AFFROYAL, IF ANY: