0151 State of New Mexico Form C-103 Submit ! Copies To Appropriate District Office Revised March 25, 1999 Energy. Minerals and Natural Resources District I 1625 N. French Dr., Hobbs, NM 87240 30-015- 20336 District II OIL CONSERVATION DIVISION 811 South First, Artesia. NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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 Strackbein A PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other 8. Well No. Name of Operator / OXY USA Inc. 16696 9. Pool name or Wildcat Address of Operator Carlsbad Morrow, MIDLAND, TX 79710-0250 P.O. BOX 50250 Well Location feet from the North line and 60 feet from the West line Unit Letter E: 1980 County EDDY **NMPM** Township 225 Range 27E Section 32 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING ... PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** MULTIPLE CASING TEST AND **PULL OR ALTER CASING CEMENT JOB** COMPLETION 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 THE NEED FOR THIS EXCEPTION IS TO AVOID ANNUAL SHUT-IN PRESSURE TEST. POTENTIAL FORMATION DAMAGE IN THE FLUID SENSITIVE SANDS AND POSSIBLE SHOULD THIS WELL BE SHUT-IN FOR ANY PERMANENT LOSS OF PRODUCTIVITY. REASON, A SHUT-IN PRESSURE TEST WOULD BE CONDUCTED AT THE TIME. GAS 56 WATER O BPD MCFD OIL O BPD FTP 220 I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 7/7/19 REGULATORY ANALYST TITLE SIGNATURE Telephone No. 915-685-5717 Type or print name im W. Germanne (This space for State use) District Supervisor DATE 7-APPPROVED BY Conditions of approval, if any: