Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr Hobbs. NM 87240 District II 811 South First. Artesia. NM 87210 District III 1000 Rio Brazos Rd., Aztec. NM 87410 District IV 2040 South Pacheco. Santa Fe. NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	Revised March 25, 1999 WELL API NO. 30-015- 2096 5 I DIVISION heco 7505 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name:
2. Name of Operator V	8. Well No.
OXY USA Inc.	16696 \ \ 9. Pool name or Wildcat
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 7971	
4. Well Location	
16 700 0 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	
Unit Letter K: 2230 feet from the Sound	Ine and 1980 feet from the West line
Section 8 Township 22S R	ange 27E NMPM County EDDY
10. Elevation (Show whether D	R, 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 155 GAS 145 MCFD OIL O BPD WATER Z BPD	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	
(This space for State use)	
U T A	
APPPROVED BY Jun W. Surreitle DATE DATE	