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Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
District I En 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
District II	IL CONSERVATION	30-	015- 22886	
District III	2040 South Pacheco		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE 6. State Oil & G	FEE 🔀
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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or	Unit Agreement Name:
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator V			8. Well No.	
OXY USA Inc. 16696 3. Address of Operator			9. Pool name or W	Jildoot
P.O. BOX 50250 MIDLAND, TX 79710-0250			Loving Mor	
4. Well Location				
SL Unit Letter 15: 1650 feet from the South line and 1980 feet from the West line BHL 7: 1405 South 2153 East				
Section 8	Township 23S Ra	inge 28E	NMPM	County EDDY
10. E	Elevation (Show whether Di	R, RKB, RT, GR, etc	:.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTI PERFORM REMEDIAL WORK PLUG		SUB: REMEDIAL WORK	SEQUENT REF	PORT OF: ALTERING CASING [
TEMPORARILY ABANDON	GE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	IPLE LETION	CASING TEST AN	1D 🗀	NO NAD CHAILA
OTHER: Gas Well Shut-In Pressu	ıre ExemptionXX	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>390</u> gas_	772 MCFD 01	L <u> </u>	WATERBPI)
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Va STO	TITLE	REGULATORY	-	DATE 7/2/99
Type or print name DAVID ST			Telephone No. 915	
(This space for State use)	W. Burn	Wistrict	Supervisor)
APPPROVED BY Conditions of approval, if any:	<i>B6</i> ∕∕ TITLE_			DATE 7-/3-95