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Submit 3 Capies To Appropriate District Office District I Energy	Energy Minerals and Natural Deservices		c	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240				~
District II 811 South First, Artesia, NM 87210 OIL				<u>-013- 30339</u>
District III 2040 South Pacheco		eco	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		505	STATE FEE 6. State Oil & Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & G	ias Lease No.
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.) 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator			7. Lease Name or Unit Agreement Name: Oxy Duchess State 8. Well No.	
OXY USA Inc.	1	6696	o. Well No.	
3. Address of Operator			9. Pool name or \	Wildcat
P.O. BOX 50250 MIDLAND, TX 79710-0250			Logan Dr	worrow was
4. Well Location				
Unit Letter F: 1980	feet from the North	line and 19	180 feet from	m the West line
Section 14	Township 175 Ran	ige 27E	NMPM	County EDDY
10. Elevation (Show whether DR, 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 AN	ID ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON CHANGE	PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND
PULL OR ALTER CASING MULTIPL COMPLE		CASING TEST AND		ABANDONMENT -
OTHER: Gas Well Shut-In Pressure	Exemption XX	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.				
_			WATER BPI	<i>y</i>
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE REGULATORY ANALYST DATE 7/2/99				
Type or print name DAVID STEW	ART	Т	Telephone No. 915	-685-5717
/TT : C C				
APPPROVED BY Conditions of approval, if any:	Bumpitle_	Districts	yerrisor	DATE 7-13-99