Submit 3 Copies To Appropriate District Office District I		New Mexico and Natural Resources	c/s	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II			WELL API MO.	0-015- 21593
811 South First, Artesia, NM 87210 District III			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	000 Rio Brazos Rd., Aztec, NM 87410		STATE	FEE 🔀
District IV 2040 South Pacheco, Santa Fe. NM 87505			6. State Oil &	Gas 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			7. Lease Name of	or Unit Agreement Name:
PROPOSALS.)			Colonia	N C
1. Type of Well: Oil Well ☐ Gaş Well ☑ Other			(0 (0 K, a	A Com.
2. Name of Operator V			8. Well No.	
OXY USA 3. Address of Operator	A Inc.	16696		
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250			9. Pool name or Car 15 bad	Wildcat Strawn
4. Well Location			CAF 15 D&C	Stramn
Unit Letter K: 1650 feet from the South line and 1930 feet from the West line				
Section 18	Township 22	S Range 27E	NMPM	County EDDY
	10. Elevation (Show wh	ether DR, RKB, RT, GI		to the second
11 Check Ar	propriate Box to Indi	cate Mature of Noti	no Domont on Other	D
NOTICE OF INT	ENTION TO:		SUBSEQUENT RE	
PERFORM REMEDIAL WORK		REMEDIAL V		ALTERING CASING
TEMPORARILY ABANDON			DRILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TES	<u> </u>	ABANDONMENT -
OTHER: Gas Well Shut-In P	ressure Exemption	CX 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.				
or recompliation.				
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.				
		OOLD BE CONDUCT	ED AT THE TIME.	
FTP 226	GAS 29 MCFD	OIL_\ BPD	WATER O BP	D 2 3
				77 <u>%</u>
				,
				-
I hereby certify that the information a	above is true and complete	to the best of my know	wledge and belief.	
SIGNATURE OF		TITLE REGULATO	RY ANALYST	DATE 7/7/29
T		<u>REGOERTO</u>	-	DATE ((ITC)
(This space for State use)	ID STEWART		Telephone No. 915	5-685-5717
(This space for state use)	- 2			
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