



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON

Governor

Jennifer A. Salisbury

Cabinet Secretary

September 25, 2000

Lori Wrotenbery

Director

Oil Conservation Division

OXY USA Inc.
ATT: David Stewart
P. O. Box 50250
Midland, TX 79710-0250

RE: Gas Wells Shut-In Pressure Exemption

Gentlemen:

In accordance with your request to have the wells listed below be exempted from their annual Gas Well Shut-In Pressure Test

State P	1-F	32-22-38	Tubb Oil & Gas (Pro Gas)
Brunson B	2-K	3-22-37	Blinbry Oil & Gas (Pro Gas)
Closson C	1-A	18-22-36	Jalmat Tansill Yates Seven Rivers (Pro Gas)
State N	5-M	2-22-36	Eumont Yates Seven Rivers Queen (Pro Gas)
Owen	2-O	35-21-37	Blinbry Oil & Gas (Pro Gas)
State D	6-F	32-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
State D	3-A	32-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
State D	1-B	32-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
Felton A	4-G	28-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
Felton	1-C	28-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
State C	5-M	16-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
State C	3-K	16-21-36	Eumont Yates Seven Rivers Queen (Pro Gas)
State E	5-N	30-19-37	Eumont Yates Seven Rivers Queen (Pro Gas)

The previous tests do not show sufficient reduction in production to be exempted from the annual required Gas Well Shut-In Pressure Test on each of the above wells. This notification for the request for exemption on these tests is denied.

Very truly yours,

OIL CONSERVATION DIVISION

Gary W. Wink

Field Representative II

GWW:nm

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

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-08943
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Closson C
8. Well No. 1
9. Pool name or Wildcat Jalmar Tansill Yates 7Rur

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
OXY USA Inc. 16696

3. Address of Operator
P.O. BOX 50250 MIDLAND, TX 79710-0250

4. Well Location
Unit Letter A : 660 feet from the North line and 660 feet from the East line
Section 18 Township 22S Range 36E NMPM Lea County

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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: GAS WELL SHUT-IN PRESSURE EXEMPTION <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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 A POSSIBLE LOST OF PRODUCTION. THIS WELL WAS SHUT-IN AND TESTED LAST YEAR. SHOULD THIS WELL BE SHUT-IN FOR ANY REASON, A SHUT-IN PRESSURE TEST WOULD BE CONDUCTED AT THE TIME.

TEST DATE 10/19/99 S.I.P. 157

CURRENT PRODUCTION RATE:
FTP 25 GAS 22 MCFD OIL .3 BPD WATER 2 BPD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 9/15/00

Type or print name DAVID STEWART Telephone No. 915-685-5717
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: _____

Submit 3 Copies To Appropriate District Office

District I

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1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator OXY USA Inc.	16696
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250	
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>18</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>1ea</u> County	
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: GAS WELL SHUT-IN PRESSURE EXEMPTION <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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