



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- <u>025-12179</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <u>State P</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Tubb Oil & Gas</u>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator <u>OXY USA Inc.</u> <u>16696</u>
3. Address of Operator <u>P.O. BOX 50250 MIDLAND, TX 79710-0250</u>
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>32</u> Township <u>22S</u> Range <u>38E</u> NMPM <u>Lea</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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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 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 9/21/99 SIP 305

CURRENT PRODUCTION RATE:

FTP 80 GAS 8 MCFD OIL .4 BPD WATER 0 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

(This space for State use)

Telephone No. 915-685-5717

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

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
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Energy, Minerals and Natural Resources

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7. Lease Name or Unit Agreement Name: State P
8. Well No. 1
9. Pool name or Wildcat Tubb Oil & Gas

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