CISE

Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	- 01502	
DISTRICT II			30-015-01583  5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III				STATE [X]	FEE .
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le B-2071-17	ase No.	
SUNDRY NOT	ICES AND REPORTS ON WEL	LS			
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN ( RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A MIT"	7. Lease Name or Un Empire Abo Uni	_	
1. Type of Well: OIL GAS WELL WELL	OTHER				
2. Name of Operator			8. Well No.		
ARCO Permian 3. Address of Operator			9. Pool name or Wild	 lcat	
P.O. Box 1089 Eunice. NM	88231		Empire Abo		
4. Well Location Unit Letter I: 1627	.9 Feet From TheS	Line and 6	50 Feet From T	he E	Line
1					
Section 27	Township 175 Ra	ange 28E er DF, RKB, RT, GR, et	NMPM c.)	Eddy ///////////////////////////////////	County
		3671" RBD			
<del>-</del>	opropriate Box to Indicate	l .			_
NOTICE OF I	NTENTION TO:	SUE	BSEQUENT R	EPORT OF	:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X AI	LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PL	LUG AND ABANDO	NMENT [
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
	П				Г
OTHER:		OTHER:			
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent det	ails, and give pertinent d	ates, including estimate	d date of starting an	y proposed
TD: 6262' PBD: 6219'	cr: 6025' PERFS: 5926-	6010'	1	12 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
06/18/98: Set CR @ 602	5'. Squeeze perfs 6040-619	3' w/150 sxs "C"	neat. Perf abo		
	010" w/4 csg gun, 4 JSPF, 2 down 3-1/2" tbg w/63,180# 2			人员 🕶 🦎	
aciu. Trac	down 3-1/2 CDg #/00,100# E	Re HT DIIDC OF CO.	F		
			70	30 30	
				学	
	<b>\</b>				
I hereby certify that the information above is	true and complete to the best of my knowledge	ge and belief.			
SIGNATURE THE SUIL SUIL	Munist In	Administrative	Assistant	06/3	28/99
TYPE OR PRINT NAME Kellie D. Mu	rrish		TE	LEPHONE NO. 505-	394-1649

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)