Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department



Form C-103 Revised 1-1-89

District Office		TOTON
DISTRICT J P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIV 2040 Pacheco St.	WELL API NO. 30-015-01592
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BARVOIR. USE "APPLICATION FOR PERMIT" -101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "D"
1. Type of Well: OIL GAS WELL X	OTHER	
2. Name of Operator		8. Well No.
ARCO Permian		9. Pool name or Wildcat
3. Address of Operator P.O. Box 1089. Eunice. NM {	38231	EMPIRE ABO
4. Well Location	\$	and 2310 Feet From The W Line
Unit Letter <u>N</u> : <u>330</u>	Feet From TheSLine	and Feet From The W Line
Section 27	Township 17S Range	28E NMPM EDDY County
	10. Elevation (Show whether DF, RKB 3676"	, RT, GR, etc.)
11. Check An	opropriate Box to Indicate Nature of	of Notice Papert, or Other Data
-	NTENTION TO:	SUBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIA	L WORK X ALTERING CASING
PERFORM REMEDIAL WORK		L WOLK
TEMPORARILY ABANDON	CHANGE PLANS COMMEN	CE DRILLING OPNS. L. PLUG AND ABANDONMENT L.
PULL OR ALTER CASING LJ	CASING	TEST AND CEMENT JOB L
OTHER:	OTHER: -	Squeeze & Add Perfs
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.		
TD: 6270' PBD: 6190' CR: 5967'. PERFS: 5772-5950'		
08/19/97: Set CR @ 5967'. Squeeze abo perfs 5984-6062' w/100 sxs Class "C" neat. Perf abo shale 5772-5950' w/4" csg gun, 1 JSPF, 30 holes. Acidize w/ 3000 gals 7-1/2% acid. Ran 75 ball sealers. Frac dn 3-1/2" tbg w/ 90,000# 20/40 white sand 1-4#. 2-3/8" tbg set @ 5695'. SN @ 5709'. Return well to production.		
I hereby certify that the information above is,	true and complete to the best of my knowledge and belief.	
SIGNATURE HELLE HE	100	istrative Assistant DATE 07/08/99
TYPE OR PRINT NAME Kelle D. Mul	rish	TELEPHONE NO. 505-394-1649
(This space for State Use)	•	
APPROVED BY For Rocad	Cals TITLE	DATE