

State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office **OIL CONSERVATION DIVISION DISTRICT I** WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-015-01659 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE **DISTRICT III** 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Empire Abo Unit "H" 1. Type of Well: OIL WELL X OTHER 2. Name of Operator 8. Well No. ARCO Permian 25 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1089 Eunice, NM 88231 Empire Abo 4. Well Location S 660 Feet From The Unit Letter_ Feet From The Line and Line 28E Eddy Range <u>NMPM</u> Township Counts 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

	01		
11. Check Appropriate Box to Inc	dicat	· •	
NOTICE OF INTENTION TO:		SUBSEQUENT	REPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT .
ULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
THER:		OTHER: Add Perfs & Acidize	
 Describe Proposed or Completed Operation Clearly state all pertir work) SEE RULE 1103. 	nent de	tails, and give pertinent dates, including e	stimated date of starting any propose
TD: 6171' PBD: 6131' PERFS: 5897-6087', (new) 5750-5793'			
11/16/00: MIRUPU. NDWH. NUBOP. 11/17/00: POH w/tbg. RIH w/bit & scraper tag@ 6116'. 11/20/00: POH, RIH w/RBP & junk basket. Set plug @ 5829', POH. 11/21/00: Perfs Abo 5750-5754, 5758-5776', 5778-5793', 2 JSPF, 74 holes 11/22/00: Acidize w/1500 gals 15% HCL ARCO mix acid using 100 ball sealers. 11/27/00: RIH w/ 2-3/8" tbg & SN. Set @ 5850'. Return well to production.			
I hereby certify that the information above is true and complete to the best of my SIGNATURE RULL H. Thurst		edge and belief. E Sr. Administrative Assistant	DATE 12/04/00
TYPEOR PRINT NAME Kellie D. Murrish	າ 		TELEPHONE NO. 505-394-1649
(This space for State Use) ORIGINAL SIGNED BY TO SISTRICT IN SUPPERVISOR		. GUM	DEC 0 7 2000
APPROVED BY		.E	DATE
CONDITIONS OF APPROVAL, IF ANY:			