Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## 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 CONSERVATIO		WELL API NO.
DISTRICT II Santa Fe, NM 87505		30-015-01667  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 Lease No.
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well:	101) FOR SOCH PROPOSALS.)	-	Empire Abo Unit "H"
OIL X GAS WELL WELL	OTHER		
2. Name of Operator :/ ARCO Permian			8. Well No. 27
3. Address of Operator P. O. Box 1089 Eunice, NM 8	8231		9. Pool name or Wildcat Empire Abo
4. Well Location	_	Line and 1950	0.8 Feet From The E Line
Unit Letter : : : :		Dire are	
Section 32	Township 17S R. 10. Elevation (Show wheth		NMPM Eddy County
	10. Elevation (Salow wheth	3662 GR	
<b>→</b>	propriate Box to Indicate	1	<b>-</b> ·
NOTICE OF IN	ITENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	:MENT JOB
OTHER:		OTHER: Set CIBP.	Perf. & Acidize
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent det	talls, and give pertinent da	ites, including estimated date of starting any proposed
TD:6215' CIBP: 5980'	PERFS: 5714-5920'		
11/08/97: RIH w/CIBP.	Co+ @ E000'		noles.
	4-5920' w/1-11/16" strip g	juns, 2 JSPF, 194 h	noles.
12/01/97: Acidize perfs 5714-5920' w/2500 gals 15% NEFE acid w/500 SCF/bbl N2.			
Max press 1400#, min press 530#, avg press 765#, ISIP 440#. AIR 2 BPM.  Ran 190 ball sealers. RIH w/completion assembly. Set 2-3/8° tbg @ 5679;			
	Return to production.	•	noles. SCF/bb1 N2.  **AIR 2 BPM.  **3/8" tbg @ 5679
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
			\$ 52 52 AS ES
I hereby certify that the information above is t	rue and complete to the best of my knowleds	ge and belief.	
SIGNATURE SULLA	Meurist I	ME Administrative	Assistant DATE 05/17/99
TYPE OR PRINT NAME Kellie D. Mur			TELEPHONE NO. 505-394-1649
	1 1411		300 007 1072
	INED BY TIM W. GUM		
APPROVED BY	UPERVISOR BLX TO	rle	DATE 5-20-59