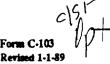
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT

1. Type of Well:

WELL

2. Name of Operator

3. Address of Operator

P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

GAS WELL

ARCO OIL AND GAS COMPANY

Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-015-01712 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE X FEE SEP 05 '90 6. State Oil & Gas Lease No. B - 2071SUNDRY 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" OTHER 8. Well No. 33 9. Pool name or Wildcat Empire Abo P. O. Box 1610, Midland, Texas West Line and 975.3 South Feet From The Line

Well Location 330 Feet From The Unit Letter M Eddy 17S 34 Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3679 ROB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING REMEDIAL WORK **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Recomplete Abo 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.

Set CIBP at 6220. Press test csg & CIBP to 510#. POH w/CA. 8-3-90. RUPU. Swab test. Set CIBP at 6165. Press test Perf Abo f/6172-6190. to 580#. Perf Abo f/6133-6158. Acidize w/1000 gals. Swab load. Set CIBP at 6120. Press test to 550#. Perf Abo f/6082-6100. Acidize w/1000 gals. Well flowed. Displaced csg annulus w/pkr Set pkr at 5992. Press test to 560#. RDPU. 8-9-90. fluid.

8-12-90. In 24 hrs flowed 1.5 MMCF, 0 BO, 5 BW, 20/64 ck, 305# FTP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Ken W	Somell	тпле	Engr. Tech.	DATE 8/31/90
TYPEOR PRINT NAME Ken W. Gosnell			915/688-5672	TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS			SEP 1 1 1990

- TITLE

SUPERVISOR, DISTRICT II

CONDITIONS OF AFFROVAL, IF ANY: