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	OIL CONSERVAT	TON DIVISION			
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-19	OIL CONSERVATION DIVISI 2040 Pacheco St.		WELL API NO. 30-015-01716		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N	Santa Fe, NM 87505		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874			6. State Oil & Gas Lease No. B-7116		
	OTICES AND REPORTS ON W	VELLS			
(DO NOT USE THIS FORM FOR	PROPOSALS TO DRILL OR TO DEEF ESERVOIR. USE "APPLICATION FOR M C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A PERMIT"	7. Lease Name or Unit Agreeme Empire Abo Unit "E"	ent Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER				
2. Name of Operator			8. Well No. 35		
ARCO Permian			9. Pool name or Wildcat		
3. Address of Operator P.O. Box 1089 Eunice. N	4 88231		Empire Abo		
4. Well Location Unit Letter B : 8	60.27 Feet From The N	Line and196	7.24 Peet From The	Line	
Onit Letter		205	NIMPM Eddy	Country	
Section 34	Township 17S	Range 28E whether DF, RKB, RT, GR, e	TAIMIN TO THE TAIL	County_	
	//////////////////////////////////////	3685 * RT			
	Appropriate Box to Indic	ate Nature of Notice	e, Report, or Other Dat BSEQUENT REPO	ia RT OF:	
NO FICE OF	- MIENTION TO.	_	(-	٢	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING L	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND	ABANDONMENT L	
Г	٦	CASING TEST AND C	CEMENT JOB		
PULL OR ALTER CASING L				[
OTHER:		OTHER:			
12. Describe Proposed or Complete work) SEE RULE 1103.	d Operations (Clearly state all pertine	ent details, and give pertinent o	dates, including estimated date of	starting any proposed	
(5) 0200	134' PERFS: 5770-5915'			es de la companya de	
Acidize/F	cmt on CIBP @ 6134'. Perf PPI w/5000 total 15% NEFE a /2"tbg w/110,000# 20/40 san	101a. 3000 gais 204.	'. 1 JSPF. 29 holes. 2000 gals 15%. Frac		
			Set Str.	Oreer	
Church	ove is true and complete to the best of my ki	nowledge and belief. TITLE Administrativ	/e Assistant DATE	06/28/99	
SIGNATURE //	//			NO. 505-394-164	
TYPE OR PRINT NAME Kellie D	<u>. Murrish</u>		TELEFRICIE		
(This space for State Use)	•				
APPROVED BY For No co	rd Only 360	TITLE	DATE		