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	OT CONCEDI	TAPTON DIVICION	·
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 OIL CONSERVATION DIVISION 2040 Pacheco St.			WELL API NO. 30-015-21745
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, NM 87505		5. Indicate Type of Lease STATE FEE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410		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 Washington 33 State
1. Type of Well: OIL GAS WELL X WE	S LL OTHER		
2. Name of Operator			8. Well No.
ARÇO Permian			18 9. Pool name or Wildcat
3. Address of Operator P.O. Box 1089 Eunice.	NM 88231		Artesia Queen Grbg SA
4. Well Location Unit Letter;	1550 Feet From The	S Line and 2	Feet From TheELine
Section 33	Township 172	Pange 28E	NMPM Eddy County
	10. Elevation (S	how whether DF, RKB, RT, GR, 6	tc.)
11. Chec	k Appropriate Roy to I		, Report, or Other Data
	OF INTENTION TO:		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WORK	X ALTERING CASING
		COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB			
PULL OR ALTER CASING			
OTHER:		OTHER: Plugback	to San Andres
<ol> <li>Describe Proposed or Comple work) SEE RULE 1103.</li> </ol>	ted Operations (Clearly state all p	ertinent details, and give pertinent (	lates, including estimated date of starting any proposed
TD: 6404 PBD: 60	015 (CIBP) PERFS: 2386	-2985' (Formerly Empire	Abo Unit G-312)
60 holes 25# Line	: Frac 2386-2985' w/34	Dump 35' cmt. Perf SA 23 ,730 gals Viking I-25 ge # 20/40 Brady sand & 42,0	1, 113,514 gais
08/14/98: RIH w/2-	·7/8", 6.5#, J-55 EUE tb	g. Set @ 2373'. TOTP 0	8/14/98 Cockeochus
			HATTER A
I hereby certify that the information a	above is true and complete to the best of	my knowledge and belief.	
SIGNATURE Alle	W. Munis	THILE Administrativ	e Assistant DATE 09/15/98
TYPE OR PRINT NAME Kellie I	D. Murrish		TELEPHONE NO. 505-394-1649
(This space for State Use)  ORIGIN	IAL SIGNED BY TIM W. G	UM	DATE 9-17.78
ADDROVED BY DISTRI	CT II SUPERVISOR	TITLE	DATE 1 1 1 0