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

	OIL CONSERVATION	NOISIVIG NO				
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.		St.	WELL API NO.	015-22597		
P.O. Drawer DD, Artesia, NM 88210		87505	5. Indicate Type		O FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga		u FEE	
SUNDRY NOTICES AND REPORTS ON WELLS						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name Empire Abo Unit "H"			
1. Type of Well: OIL GAS WELL X WELL	OTHER		•			
2. Name of Operator ARCO Permian			8. Well No. 281			
3. Address of Operator				9. Pool name or Wildcat		
	18231		Empire Abo	·		
4. Well Location Unit Letter P 200	Feet From TheS	Line and66	Peet From	n The	E Line	
Section 32	Township 17S Ra	inge 28E	NMPM	Eddy	County	
	10. Elevation (Show wheth					
11. Check Ap	propriate Box to Indicate		Report, or C	other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CA	ASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND AE	BANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB			
OTHER:		OTHER: Add Perfs	& Stimulate			
Describe Proposed or Completed Operwork) SEE RULE 1103. TD: 6330° PBD: N/A P		ails, and give pertinent dat	es, including estim	ated date of sta	rting any proposed	
				the state		
05/13/97: POH w/rods, p	mp, & tbg. ND wellhead.	NU BOP		* \$4	* #	
05/14/97: Perf abo interval 6119-6156', 74 holes, 2 SPF. 05/15/97: Set pkr @ 6077' w/17 pts compression. Acidize w/2000 gals 15% NEFE						
	ball sealers.	ACIGIZE WIZOUV gai.	3 104 IVE	REC D ·	**	
05/19/97: RIH w/complet	ion assembly. 2-3/8" tbg	set 0 6062'. Retu	rn well to	1909 RECEIVED CD - ARTESIA	→ ***	
production.				S3	∴ ; : •;	
				Ā	- , \$ 7/	
			12	19 18 18 18 18 18 18 18 18 18 18 18 18 18		
I hereby certify that the information above is tr	ue and complete to the best of my knowledge	e and belief.				
SIGNATURE SULLE 14, 9	Meurst III	LE Administrative	Assistant	DATE	05/27/99	
TYPE OR PRINT NAME Kellie D. Mur	rish			TELEPHONE NO.	505-394-1649	
(This space for State Use)	1360	0.4.	.	ال م		
1	in W. Gum	*	Supervis	L	-2-99	
APPROVED BY	TIT	LE		DATE		