Submit 3 Copies

## State of New Mexico Energy, Minerals and Natural Resources Department

District Office		-			1
DISTRICT I	OIL CONSERVAT		WELL API NO.		· · · · · · · · · · · · · · · · · · ·
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St. Santa Fe, NM 87505		30-015-22821		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					
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		
2. Name of Operator			8. Well No.		
ARCO Permian			9. Pool name or	Wildest	
3. Address of Operator P.O. Box 1089 Eunice, NM	88231		Artesia Que		Andres
4. Well Location Unit Letter J:190	O Feet From The S	Line and14	Feet Fro	m The	E Line
Section 33	Township 17S	Range 28E	NMPM	Eddy	County
	10. Elevation (Show v	whether DF, RKB, RT, GR, et 3663' GL	tc.)		
11. Check A	ppropriate Box to Indic		, Report, or (	Other Data	
	NTENTION TO:	SU	BSEQUENT	REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CA	sing [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS.	PLUG AND AB	ANDONMENT [
PULL OR ALTER CASING	0,0,0,0,0,0,0,0,0	CASING TEST AND C			
OTHER:		OTHER: Plugback			[
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertine	nt details, and give pertinent d	lates, including estin	nated date of star	ting any proposed
TD: 6370° CIBP: 5750	PERFS: 2444-2980'	(Formerly Empire Abo	Unit G-315)		
gals 15% HCL	ires interval 2444-2980' ., 5000 gals Viking I-25 3,151# 20/40 Brady sand	pad, 73,984 gals 20#	Linear gel	eranj.	÷
to 2444 w/10	# Linear gel.	•			N. A. S.
09/03/98: RIH w/2-7/8"	. 6.5#, J-55, EUE8R tbg	. Set @ 2464°. TOTF	09/03/98.	* * * * * * * * * * * * * * * * * * *	:
I hereby certify that the information above is	s true and complete to the best of my kn	owledge and belief.			
{ // •	71 1	TITLE Administrative	e Assistant	DATE	09/23/98
TYPE OR PRINT NAME Kellie D. MI	urrish			TELEPHONE NO.	505-394-1649
(This space for State Use)					
	SIGNED BY TIM W. GUN	<b>!</b>		2	• • •

\_ TITLE \_

APPROVED BY\_

DISTRICT II SUPERVISOR