Submit 3 Copies to Appropriate District Office

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

Form C Revise

CI	55
C-103 ed 1-1-89	

DISTRICT I	OIL CONSERVATION	ON DIVISION		<del></del>
P.O. Box 1980, Hobbs NM 88241-1980	8241-1980 2040 Pacheco St.		WELL API NO. 015 - 30188	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Lease STATE X	FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
<del>-</del> - · · -	TICES AND REPORTS ON WE			
(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 WELL X GAS WELL \( \)	OTHER			
2. Name of Operator ARCO Permian			8. Well No.	
3. Address of Operator P.O. Box 1610 Midland, TX	79702		9. Pool name or Wildcat ARTESIA QUEEN GRBG SA	
4. Well Location Unit LetterB: 990	Feet From The NORTH	Line and 227	70 Feet From The EAST	Line
Section 33	Township 17S Rai		NMPM EDDY	County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc 3672'	:.)	
11. Check Ar	propriate Box to Indicate		ce, Report, or Other Data	
NOTICE OF INT			SEQUENT REPORT OF:	
	DUIG AND ADANDON	DEMEDIAL MORK	ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING		
TEMPORARILY ABANDON	CHANGE PLANS 🔲			ONVIENT —
PULL OR ALTER CASING —		OTHER: SPUD & SET CASING X		
OTHER:		OTHER: SPUD & SE	CASING	[\Lambda]
<ol> <li>Describe Proposed or Completed Opwork) SEE RULE 1103.</li> </ol>	peration <b>s</b> Clearly state all pertinent de	tails, and give pertinent	dates, including estimated date of star	ting any propose
10/13/98 SPUD 12-1/4 H	OLE. DRILL 0-410'.			
10/13/98 RUN AND SET 8 WOC 19 HRS.	-5/8" 24# CSG @ 510 W/325 S	X CL C CEMENT. CI	RC. 46 SX. WOC 19 HRS.	212223
	1/2" 17# CSG @4000 W/200 SX CLASS C CMT. CIRC. 5 SX CM		RC. 46 SX. WOC 19 HRS.	15.76.27.28.29.39
			3343878	21/80
I hereby certify that the information above is	(10			
SIGNATURE JULIU	THE THE	E REGULATORY COMP	LIANCE DATE 11	/1/98
TYPE OR PRINT NAME LAURIE CHERRY			TELEPHONE NO. 915	<u>-688-5532</u>
	IGNED BY TIM W. GUM		//	10-50
APPROVED BY	SUPERVISOR TITTL	E	DATE //-	18 18
CONDITIONS OF APPROVAL, IF ANY:				