State of New Mexico
Energy, Minerals and Natural Resources Department

C-15

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
015-30195

5. Indicate Type of Lease
STATE [X]   FEE [ ]

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 WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1610 Midland, TX 79702

8. Well No.
21

9. Pool name or Wildcat
ARTESIA (Q-GB-SA)

4. Well Location
Unit Letter L : 2310 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 33 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3672'

11.   **Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		OTHER: SET CASING	[X]

12. Describe Proposed or Completed Operations Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)   SEE RULE 1103.

9-14-98 MIRT SPUD 12-1/4" HOLE.

9-15-98 SET 8-5/8" 24# CSG @ 505' W/325 SX TYPE C CMT. CIRC. 29 SX TO SURF.
WOC 19 HRS.

9-24-98 SET 5-1/2" 15.5/17 # CSG @ 4200 W/ 350 SX LEAD 35:60:6 AND 560 SX
TAIL CLASS C CMT. CIRC. 78 SX TO SURF.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE REGULATORY COMPLIANCE   DATE 10/1/98

TYPE OR PRINT NAME LAURIE CHERRY   TELEPHONE NO. 915-688-5532

(This space for State Use)

APPROVED BY _____ SUPERVISOR, DISTRICT II   TITLE _____ DATE 10-22-98

CONDITIONS OF APPROVAL, IF ANY: