Submit 3 Copies to Appropriate District Office

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

	1
Form C-103	1
Revised 1-1-89	Í

District Office	ON CONCEDIATIO	ANT TOTAL CHANGE		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-198	Santa Fe, NM 87505 Artesia, NM 88210		WELL API NO. 30-015-30299 5. Indicate Type of Lease	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741			STATE X FEE CALL STATE S	
SHINDDY NO	TICES AND DEPORTS ON WEL	١٩		
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 WELL		, 	washington 35 State	
2. Name of Operator ARCO Permian			8. Well No.	
3. Address of Operator P.O. Box 1089 Eunice, NM	88231		9. Pool name or Wildcat Artesia Queen Grbg San Andres	
4. Well Location		20		
Unit Letter A: 2	00 Feet From The N	Line and 38	Peet From The E Line	
Section 33	Township 17S Ra	inge 28E	NMPM EDDY County	
Section 33	10. Elevation (Show whether	er DF, RKB, RT, GR, etc	TAIVIL IVI	
<u> </u>		3680 'GL	<u> </u>	
	Appropriate Box to Indicate	1	- · · ·	
NOTICE OF	INTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
		COMMENCE DRILLING		
TEMPORARILY ABANDON	CHANGE PLANS			
PULL OR ALTER CASING L.J	_	CASING TEST AND CE		
OTHER:		OTHER: Spud and S	Set Casing (
12. Describe Proposed or Completed C work) SEE RULE 1103.	Operations (Clearly state all pertinent det	ails, and give pertinent dat	tes, including estimated date of starting any proposed	
	" hole. Set 8-5/8", 24# csg irc 2 sxs to pit. WOC 13 hr		5 sxs Class	
	" hole. Set 5-1/2", 15.5# c in w/400 sx Class "C" cmt. I			
07/15/98: Release Rig	. Completion Pending.			
	Woci	s 18 h	ous	
	is true and complete to the best of my knowledg			
SIGNATURE RULLE H	Musist III	LE <u>Administrative</u>	Assistant DATE 09/02/98	
TYPE OR PRINT NAME Kellie D. M	lurrish		TELEPHONE NO. 505-394-1649	
(This space for State Use) OR	IGINAL SIGNED BY TIM W. GU	M	0 - 03/	
013	TRICT II SUPERVISOR		9-3-98	