Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

District Office	OH CONCEDIA	TION DIVISION		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-015-02620	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	_
SUNDRY NOTI	CES AND REPORTS ON	WELLS		77
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER		EPEN OR PLUG BACK TO A PR PERMIT"	7. Lease Name or Unit Agreement Name Empire Abo Unit "J"	722
1. Type of Well: OIL GAS WELL GAS WELL	OTHER			
2. Name of Operator			8. Well No.	
ARCO Permian			22	
3. Address of Operator P.O. Box 1089 Eunice, NM 8	8231		9. Pool name or Wildcat Empire Abo	
4. Well Location Unit Letter F 1990	Feet From The	N Line and 208	2.96 Feet From The W Line	3
Section 6	Township 18S	Range 28E	NMPM Eddy County	
Section 0	10. Elevation (Show	whether DF, RKB, RT, GR, et 3658' RDB		
Charle An	propriete Roy to Indi		, Report, or Other Data	-24
_	ITENTION TO:	I	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT	L
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	_
OTHER:		OTHER: Set CIBP	& re-perf	L
12. Describe Proposed or Completed Ope- work) SEE RULE 1103.	rations (Clearly state all pertin	ent details, and give pertinent d	ates, including estimated date of starting any propose	d
TD: 6206' PBD: 6010'	(CIBP) KB: GL CSG:	: 5-1/2" PERFS: 562	0-5738'	
05/01/00: MIRUPU. NUBC	DP. POH w/pkr & tbg. CIBP & 6010'. PERF 562	RIH w/tbg, bit & scra	per across old	
05/02/00: RIH w/tbg & r	okr. Set @ 5570'. Aci i not ball out. POH.	idize well w/2000 gals	15% NEFE w/200 ball 4 3	ı
05/05/00: Turn well to	flowline. In 24 hrs F	Pmp'd 0 BO, 1 BW, 120	MCF.	Ţ
037 037 00. Takit Well 05		•	OCO CEIVEN Z	
			ARTESIA (T)	
			Company of the second second	
1			SELECTION OF THE PROPERTY OF T	
1 hereby certify that the information above is	·	nowledge and belief.		
SIGNATURE ALLIE V. 7	Murish	TITLE Sr. Administra	tive Assistant DATE 07/05/00	
TYPEOR PRINT NAME Kellie D. MUI	rrish		TELEPHONE NO. 505-394-164	9
(This space for State Use)				
4.	n W. Gum	ex Wistrict	Segervisor III 17 200	ì
APPROVED BY		TITLE	DATE	_