	N			
			N.M. Oil Cc.,	
orm 3160-5	UNI	TED STATES	811 S. 1st Stre	Pet Dudant Ruman No. 1004 0125
(June 1990) DEPARTMENT BUREAU OF LA		NT OF THE INT	ERIOR Artesia, NM 88	
		LAND MANA	GEMENT	3210–2834 Expires: March 31, 1993 5. Lease Designation and Serial No.
	SUNDRY NOTICES AN			6. If Indian, Allottee or Tribe Name
Do not use t	this form for proposals to drill			r.
	Use "APPLICATION FOR	PERMIT - " for	such_proposals	
	SUBMIT	IN TRIPLICAT		7. If Unit or CA, Agreement Designation NM-70945
1. Type of Well			A BAR	8. Well Name and No.
X Oil Well	Gas Other		/ <u>per 200 5</u>	Empire Abo Unit "K" 23
2. Name of Opera			RECEIVED	
ARCO Perm			ARTISIA &	9. API Well No.
3. Address and Te	•		505-394-1649	30-015-02628
	1089, Eunice, NM 88231 Il (Footage, Sec., T., R., M., or Survey Descr	ription)		10. Field and Pool, or exploratory Area
	er J. Section 6-T18S-R28E	-Paced	202 Contraction of the second	
2260.5' FSL & 2269.44' FEL				11. County or Parish, State
				Eddy NM
2. CH	ECK APPROPRIATE BOX(s) TO INDICAT	E NATURE OF NOTICE, RE	EPORT, OR OTHER DATA
TYF	PE OF SUBMISSION		TYPE OF ACT	rion
	Notice of Intent		Abandonment	Change of Plans
	_		Recompletion	New Construction
X	Subsequent Report		Plugging Back	Non-Routine Fracturing
			Casing Repair	Water Shut-Off
Final Abandonment Notice			Altering Casing	Conversion to Injection
			Other Add perfs & acid	
				(Note: Report results of multiple completion on We
				Completion or Recompletion Report and Log form.
Describe Proposed	d or Completed Operations (Clearly state	all pertinent details, and	give pertinent dates, including estimated	Completion or Recompletion Report and Log form. date of starting any proposed work. If well is directional
				date of starting any proposed work. If well is directional
Describe Proposed give sub TD: 6310			give pertinent dates, including estimated sandzonespertinentto this work.)* 2" Liner @ 6100-6300' 3"	date of starting any proposed work. If well is directional
TD: 6310'	' PBD: 6300' PERFS: 62	80-6292'. 5-1/	2" Liner @ 6100-6300' 3"	date of starting any proposed work. If well is directional
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Empire Abo Unit K-23, 30-015-02628 Add Perfs & Acidize Suppliment to 3160-5 dated 11/20/00

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- 09/05/00: RIH w/2-3/8" tbg & pkr. Swab well.
- 09/06/00: RU to acidize well w/1,000 gals 15% HCL NEFE.

- 09/07/00: Swab back 23 bbls
- 09/08/00: Swab back 5 bbls, little gas.
- 09/09/00. Return well to production