Form 3160-5

UNITED STATES

FORM APPROVED

	TERIOR	Budget Bureau No. 1004-0135 Expires: March 31, 1993		
	BUREAU OF LAND MANAC		5. Lease Designation and Serial No. Ic-061702	
Do not use this form for prop	Y NOTICES AND REPOR posals to drill or to deepe CATION FOR PERMIT-"	en or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name	
	7. If Unit or CA, Agreement Designation			
1. Type of Well Gas		17E	SRM-1295	
Well Well Other		4 3	8. Well Name and No.	
2. Name of Operator	/		EMPIRE S. DEEP UT 15	
RSE PARTNERS 3. Address and Telephone No.		∞ \sim	9. API Well No. 30-015-22236	
100 ti: tirizzi, importito, ix 10101		SO ARTE S	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) E, S8, T18S, R29E, 1980 FNL, 660 FWL		EMPIRE WOLFCAMP SOUTH		
2, 66, 1166, 11262, 1666 1112,	333 / 112	1867	11. County or Parish, State	
		IEOE 62 82 LOSE	EDDY CO	
12. CHECK APPROPRI	IATE BOX(s) TO INDICATI	E NATURE OF NOTICE, REPORT, C	R OTHER DATA	
TYPE OF SUBMISSION	NC	TYPE OF ACTION		
☐ Notice of Intent		Abandonment	Change of Plans	
		Recompletion	New Construction	
Subsequent Report		Plugging Back	☐ Non-Routine Fracturing	
		Casing Repair	☐ Water Shut-Off	
Final Abandonment Not	tice	Altering Casing	Conversion to Injection	
		Other	Dispose Water	
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
 Describe Proposed or Completed Oper directionally drilled, give subsurface loc 	rations (Clearly state all pertinet details ations and measured and true vertica	s, and give pertinent dates, including estimated date of all depths for all markders and zones pertinent to this v	of starting any proposed work. If well is work.)*	

Set CIBP @ 10,100 over Atoka perforations 10,200-10,212'. Dumped 20' cement cap on CIBP w/dump bailer. Ran csg and cement inspection log from 9500-7500'. Perforated Wolfcamp zone 8792-8827' (35' w/1 spf). Acidized Wolfcamp perforations 8792 - 8827' w/4000 gal 15% NEFE HCL. Tested oil, water and gas. Well would not flow. Ran tbg for pump installation; ran rods and pump. Set pumping unit. Put well on pump.

14. I hereby certify that the foregoing is true and correct	T	Poblammons Operations Manager		00/03/4000
Signed	Title	Rob Lemmons - Operations Manager	Date _	09/03/1999
(This space for Federal or State office use)				
Approved byConditions of approval, if any:	Title		Date _	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.