Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
Revis	ed 1-1-89

District Office			_		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATI 2040 Pacheo		WELL API NO.		·
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		30-015-22593 5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	STATE X	FEE 🗆
SUNDRY NOT  (DO NOT USE THIS FORM FOR PF DIFFERENT RESE (FORM C-	FICES AND REPORTS ON WATER TO DEEPER PROPOSALS TO DRILL OR TO DEEPER PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or U	Unit Agreement Namit "J"	me
OIL X GAS WELL C	OTHER	7 3	<u>.</u>	······································	
2. Name of Operator ARCO Permian		OCHECEINA	8. Well No.		
3. Address of Operator P.O. Box 1089 Eunice, NM 8	8231	TRIESIA	9. Pool name or Wi Empire Abo	ildcat	
4. Well Location Unit Letter G: 1900	Feet From The N	Line and 244		The E	Line
Section 6	Township 18S Ra		NMPM )	Eddy	County
11. Check Ap NOTICE OF INT	ppropriate Box to Indicate ENTION TO:		ce, Report, or SEQUENT RE		
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK  COMMENCE DRILLING  CASING TEST AND CEN	OPNS. PI	LTERING CASING LUG AND ABANDO	NMENT
OTHER:		OTHER: Workover			
Describe Proposed or Completed Opwork) SEE RULE 1103.			ates, including esti	mated date of starti	ng any propose
11/12/01: RU wireline. 11/13/01: Open well, blo spot acid. Ac 11/14/01: RU wireline. 11/19/01: RIH w/produ as	PERFS: 5725-6073', 6124-6  . NUBOP. POH w/tbg. bit & scraper. Tag @ 6190' Perf 5725-6073'. Well gas ed down. Pmp 30 bbls on cs cidize w/3150 gals 15% HCL. RIH & knock CIBP @ 6110' t ssy & 2-3/8" tbg. SN @ 613 roduced 1 bo, 0 bw, 670 mcf	. RIH w/RBP & tbg sing. Close well in sg to kill well. R so bottom. 4'. Return well to	n. IH w/pkr, SN &		
I hereby certify that the information above is	true and complete to the best of my knowle	edge and belief.		<del></del> -	<del></del> -
SIGNATURE FILLLE H. Y	Tures m	E Sr. Administrativ	ve Assistant	DATE 12/0	6/01
TYPEOR PRINT NAME Kellie D. Muri	<u>rish</u>		TEL	EPHONE NO. 505-3	94-1649
(This space for State Use)		Suld	Sep I	) /2-/::-	~c1/
APPROVED BY	·	E		DATE	