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_ DATE _

Form C-103 Revised 1-1-89

Submit 3 Copies to Appropriate District Office

APPROVED BY___

CONDITIONS OF APPROVAL. IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

DIGERICAL I	OIL CONSERVATIO	N DIVISION	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco		WELL API NO. 30 - 015 - 22637
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PE	ROPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Empire Abo Unit "J"
OIL GAS WELL GAS WELL	OTHER	ette Militaria	AV.IIN
2. Name of Operator ARCO Permian		RECEIVED S	8. Well No. 212
3. Address of Operator P.O. Box 1089 Eunice, NM 8		OUD ANTESIA S	9. Pool name or Wildcat Empire Abo
4. Well Location Unit Letter E : 2450	<i>,</i> , , , , , , , , , , , , , , , , , ,	Line and 40	0 Feet From The W Line
Section 6	Township 18S Rai		NMPM Eddy County
11. Check A	ppropriate Box to Indicate	e Nature of Noti	ice, Report, or Other Data
NOTICE OF IN	FENTION TO:	SUB	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. U PLUG AND ABANDONMENT U
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB U
OTHER: Workover		OTHER:	
 Describe Proposed or Completed C work) SEE RULE 1103. 	peration \$ Clearly state all pertinent de	etails, and give pertinent	t dates, including estimated date of starting any propos
POH w/bit & scraper. Rl -65, -79, -82, -84, -98 -75, -93, -95, 5913, -1 -46, -52, -66, -68, -70	mp. NDWH. NUBOP. POH w/tb U Wireline. GIH & perf w/2 C , 5707, -26, -32, -38, -41, 5, -23, -26, -72, -74, -86, , -76, -78 and 6080. POH. down perfs w/50 gals/ft of PI SN & 2-3/8" tbg. Land SN . RTP.	JSPF 5588, -98, 56 -64, -66, -70, 58 -88, -91, 6004, -	539, -41, -51, -53, -63, 329, -31, -43, -46, -73, -06, -22, -30, -40, -43,
I hereby certify that the information above	is true and complete to the best of my knowl		tive Assistant DATE 08/23/01
TYPEOR PRINT NAME Kellie D. Mu			TELEPHONE NO. 505-394-1649
	INAL SIGNED BY TIM W. GUI	M	AUG 2 9 2001

TITLE ___