CIST

N.M. Oil Cons. Division 811 S. 1st Street

TINITED STATES

FORM APPROVED

	5959'. Keturn we'll to p		G \$GD) GARY GOURLEY
sealers. 04/30/97: Set pkr @ 5619'. Load csg w/8.6# brine w/TH-337 chemical. Test good. Perf abo interval 5676-5774', 2 JSPF, 196 holes. 2-3/8" tbg set @ ARTES/A 5959'. Return well to production.			
	sealers.		· On RECT TO
04/24/97:	load csg & perf abo 6003	3-6030', 2 SPF, 54 shots.)3-6030' w/1000 gals 15% HCL acid. Ran 60 b	all
	RIH w/pkr. Tag & test (CIBP, held OK.	
		og & pkr. RIH w/bit & scaper. Set CIBP @ (61 40°.
TD: 6225	PBD: 6200° CIBP: 614		
. Describe Proposed	or Completed Operations (Clearly state all arface locations and measured and true vert	l pertinent details, and give pertinent dates, including estimated date of start tical depths for all markers and zones pertinent to this work.)*	ing any proposed work. If well is directionally dril
			(Note: Report results of multiple completion on Wel Completion or Recompletion Report and Log form.)
	Final Abandonment Notice	Altering Casing Other Set CIBP & Add Perfs	Conversion to Injection Dispose Water
	m (A) (A) (A) (A) (A) (A)	Casing Repair	Water Shut-Off
X	Subsequent Report	Plugging Back	Non-Routine Fracturing
	Notice of Intent	Abandonment Recompletion	New Construction
	E OF SUBMISSION	TYPE OF ACTION	Change of Plans
	TOV ADDRODDIATE POV(s) TO INDICATE NATURE OF NOTICE, REPORT,	
Sec. 1-T18S-R27E			11. County or Parish, State Eddy NM
	SL & 2200" FEL		
P.O. Box 1089, Eunice, NM 88231 505-394-1649 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or exploratory Area Empire Abo
ARCO Permian 3. Address and Telephone No.			30-015-22657
2. Name of Operator	n V		9. API Well No.
1. Type of Well X Oil Gas Other Other			8. Well Name and No. Empire Abo Unit "K" 193
			8910138010
	Use "APPLICATION FOR	PERMIT - " for such proposals	7. If Unit or CA, Agreement Designation
Do not use thi	is form for proposals to drill o	or to deepen or reentry to a different reservoir.	v. Il meian, rhive or line itane
	_ +	D REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name
une 1990)	DEPAKIMEN BUREAU OF L	T OF THE INTERIOR Artesia, NM 3210-283	5. Lease Designation and Serial No.
orm 3160-5	יוא שוו א מושות א מושות	TORTHE INTERIOR A ALCOID ININ	Expires: March 31, 1993

(This space for Federal or State office use) Approved by _ Conditions of approval, if any:

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.