Submit 3 Copies to Appropriate District Office

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



Form C-103 Revised 1-1-89

District Office			
<b>DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980</b>	OIL CONSERVATIO	WELL API NO.	
DISTRICT II	Santa Fe, NM 87505		30-015-00677
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease  STATE X  FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-752
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "H"
1. Type of Well: OIL GAS WELL X WELL OTHER			LIFTICE ADD UNIT IT
2. Name of Operator 1			8. Well No.
ARCO Permian			20
3. Address of Operator P.O. Box 1089 Eunice. NM 8	8231		9. Pool name or Wildcat EMPIRE ABO
4. Well Location Unit Letter P : 990	Feet From The EAST	Line and33	Feet From The SOUTH Line
Section 36	Township 17S Ra	ingo 27E	NMPM EDDY County
	10. Elevation (Show whether		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUI		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	<del>[</del>
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
TD: 6013' PBD: 5928' CR: 5700' PERFS: 5516-5673'			
acid, using 50 148 holes. An Suqeeze perfs 5673' w/3-1/2' gals 20% NEFE	5820°. Push to PBD 5928.  D ball sealers. Perf 5710- cidize w/2000 gals acid w/5 5710-5847° w/100 sxs Class  " csg gun select fire, 1 JS and 3000 gals 15% NEFE, us Well remains in TA status	-5810' w/1-11/16": 50 SCF/bbl N2. Sets "C" neat. Perf a SPF, 13 holes. Ac sing 26 ball seale	strip, 2 JSPF t CR & 5700 abo shale 5516 idize w/2000
I hereby certify that the information above is tru		and belief.	
SIGNATURE TULLE W. Y.	Russell THE	E Administrative	Assisstant DATE 06/29/99
TYPE OR PRINT NAME Kellie D. Muri	<u> 1sh</u>		TELEPHONE NO. 505-394-1649
(This space for State Use)			
APPROVED BY FOR RECONDITIONS OF APPROVAL, IF ANY:	d Cnly THIL	.E	DATE