Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

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



District Office	OH CONCEDIATIO		, •
DISTRICTI DO By 1000 Halba NDA 98241 1090	Santa Fe, NM 87505		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II			015-30189
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease  STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
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 WASHINGTON "33" STATE
1. Type of Well: OIL WELL X GAS WELL \	OTHER		
2. Name of Operator			8. Well No.
ARCO Permian  3. Address of Operator			9. Pool name or Wildcat
P.O. Box 1610 Midland, TX	79702		ARTESIA QUEEN GRBG SA
4. Well Location Unit Letter E: 1650	Feet From The NORTH	Line and97	0 Feet From The WEST Line
Section 33	Township 17S Ra	nge 28E	NMPM EDDY County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc 3663'	:.)
11. Check At	propriate Box to Indicat		ice, Report, or Other Data
NOTICE OF INT			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			GOPNS. D PLUG AND ABANDONMENT
PULL OR ALTER CASIN <b>G</b>		CASING TEST AND CE	EMENT JOB
		OTHER: SPUD & SE	
OTHER:		<del></del>	
<ol> <li>Describe Proposed or Completed Owork) SEE RULE 1103.</li> </ol>	peration(Clearly state all pertinent de	etails, and give pertinent	dates, including estimated date of starting any prop
8/27/98 SPUD 12-1/4 HO	LE. DRILL 0/18'.		
<i>.</i>	,	OL O OFWENT MOO	4 6 16 17 763
8/28/98 RUN AND SET 8-5 CIRC. 37 SX CMT	19 HRS.		
CINC. 37 3K OIII	10 00M 1		
9/5/98 RUN AND SET 5-1/2" 15.5/17# CSG @3950 W/250 SX LEAD 35:65:6 CMT, AND 560 SX TAIL CLASS C CMT. CIRC. 49 SX CMT TO SURFACE.			CMT,
AND 560 SX TAIL	CLASS C CMI. CIRC. 49 SX C	CMI TO SURFACE.	12,000
			115
I hereby certify that the information above is	true and complete to the best of my knowle	edge and belief.	
SIGNATURE AUMIL	/ 1 <i>U</i> 0	LE REGULATORY COMP	PLIANCE DATE 9/10/98
TYPE OR PRINT NAME LAURIE CHERRY			TELEPHONE NO. 915 - 688 - 5532
		41.4	310 000 0000
(This space for State Use)	IGNED BY TIM W. GUM		
	SUPERVISOR TITE	LE	DATE 10.5-98
10.1011011			