Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB 25 1991
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO.
30-015-05760

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
647

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.)

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

7. Lease Name or Unit Agreement Name
Empire Abo Unit "E"

2. Name of Operator
ARCO OIL & GAS COMPANY ✓

8. Well No.
41

3. Address of Operator
P.O. BOX 1710 HOBBS, NEW MEXICO 88240

9. Pool name or Wildcat
ABO

4. Well Location
Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST Line

Section 36 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
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.

TA & hold well bore for field blow down:

1. Notify NMOCD 24 hrs. prior to testing CIBP
2. MIRU
3. Unset PKR or TAC
4. Install BOP & GIH to tag PBTD
5. POH W/ TBG, TOH
6. GIH W/ TBG or WL set CIBD
7. Set CIBP maximum 50' above existing PERFS
8. POH W/Jt. & CIRC a mix of 2 gal WT675 Chem. per 10bbls 8.6# brine
9. When circulation is established, W/treated fluid at surface, test CIBP to 500# & cut chart
10. POH, Laying down-leave 1 jt. hanging on BI Bonnett

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE Adminstrative Supervisor DATE February 22, 1991

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY [signature] TITLE Fld Rep DATE 2/26/91

CONDITIONS OF APPROVAL, IF ANY:

Notify NMOCD [illegible] in time to witness
Setting CIBP