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 Depart.

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

RECEIVED
MAR 15 1991
O. C. D.
ARTESIA, OFFICE

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.)

7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT "E"

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

2. Name of Operator: ARCO OIL AND GAS COMPANY

8. Well No. 41

3. Address of Operator: 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 [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: TEMPORARILY ABANDON [X]	

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 BOW DOWN:

TD-6402'; PB-6210'; PERFS: 6164' to 78'

03/04/91 MIRU SDON

03/05/91 KILL WELL NUBOP TAG BTM @ 6207' POH w/TBG. PU BIT AND SCRAPER. RIH TO 6175' POH w/TBG & BIT & SCRAPER. SDON

03/06/91 RIH w/CIBP TO 6133.56' SET PLUG w/25 pts. RELEASE CHECK PLUG OK. POH w/1 Jt. CIRCULATE w/250 BBLS 8.6# BRINE w/WT-675 TO CLEAN FLUID. PRESSURE UP ON CSG TO 500# FOR 15 MIN w/ STATE NMOCC REP- G. WILLIAMS & J. ROBINSON. OK. POH & LD TBG. LEFT ONE JT IN HOLE ON FLANGE. RDCL. CIBP SET @ 6133.56'

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 03/13/91

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

APPROVED BY [signature] TITLE DATE 3/22/91

CONDITIONS OF APPROVAL, IF ANY: