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 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

OIL CONSERVATION DIVISION

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

RECEIVED
OCT - 5 1992
O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-015-01552

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 "D"

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER G/W

2. Name of Operator: ARCO OIL AND GAS COMPANY

8. Well No. 37

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

9. Pool name or Wildcat: EMPIRE ABO

4. Well Location
Unit Letter M : 500 Feet From The South Line and 820 Feet From The West Line

Section 26 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3694 DF

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: MIT TEST [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.

TD 6325 PBD 6070 PERFS 6030-5B PKR 5925

09/24/92 PRESSURE CSG TO 500# AND HOLD 15 MIN,
NO LEAK
WITNESSED BY JOHNNY ROBINSON NMOCD
CHART ATTACHED

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

SIGNATURE James D. Cogburn TITLE OPERATIONS COORDINATOR DATE 10/02/92

TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. (505) 391-1621

(This space for State Use)

APPROVED BY Johnny Robinson TITLE OIL AND GAS INSPECTOR DATE 10-14-92

CONDITIONS OF APPROVAL, IF ANY: