

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CISF  
BP

OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505

DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980

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

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

WELL API NO. 30-015-01647

5. Indicate Type of Lease STATE  FEE

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 EMPIRE ABO UNIT "H"

1. Type of Well: OIL WELL  GAS WELL  OTHER

8. Well No. 21

2. Name of Operator ARCO Permian

9. Pool name or Wildcat EMPIRE ABO

3. Address of Operator P.O. Box 1089 Eunice, NM 88231

4. Well Location Unit Letter AM : 660 Feet From The S Line and 660 Feet From The W Line Section 31 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3679' RDB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK, TEMPORARILY ABANDON, PULL OR ALTER CASING, OTHER. SUBSEQUENT REPORT OF: REMEDIAL WORK, COMMENCE DRILLING OPNS., CASING TEST AND CEMENT JOB, OTHER: Reclassify to oil well

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 6006' PBD: 5910' PERFS: 5826-5866' PKR: 5740'

02/07/00: ARCO Permian requests that the commission reclassify this well from injection to oil well classification. This well was part of the Empire Abo Unit Pressure Maintenance Project Order R-4549. Gas injection ended in November 1995.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE: Kellie D. Murrish TITLE: Administrative Assistant DATE: 02/07/00 TELEPHONE NO. 505-394-1649

(This space for State Use) APPROVED BY: Jim W. [Signature] TITLE: District Supervisor DATE: FEB 17 2000

CONDITIONS OF APPROVAL, IF ANY: