Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Departm

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

SEP 20 199

WELL API NO.
30-015-21769

5. Indicate Type of Lease STATE [X] 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 "G"

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

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No. 321

3. Address of Operator
P.O. 1710 HOBBS N.M. 88240

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter I : 1520 Feet From The SOUTH Line and 250 Feet From The EAST Line

Section 33 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3663.8 GR

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: CONVERT TO GAS INJECTION [X]		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.

TD 6401, PBD 6171 (CIBP), PERFS 6183-6218
NOTIFY NMOCD PRIOR TO STARTING WORK
TEST CSG TO 500# FOR 20 MIN, DRILL OUT CIBP, SQUEEZE PERFS 6183-6218, RUN CBL, PERF & SQUEEZE CMT BEHIND 5 1/2 CSG, TEST SQUEEZE PERFS, PERF ABO 6183-6218, SET PKR @ 6130, LOAD WITH TREATED FLUID , TEST CSG & PKR TO 500# FOR 20 MIN, AND START INJECTION.

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

SIGNATURE [signature] TITLE OPERATION COORDINATOR DATE 9-17-93

TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE OCT 19 1993

CONDITIONS OF APPROVAL, IF ANY: