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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-21964

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

6. State Oil & Gas Lease No. B 2071-24

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 [X] GAS WELL [ ] OTHER

RECEIVED JUL 2 1993 O. C. D.

2. Name of Operator: ARCO OIL AND GAS COMPANY

8. Well No. 342

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

9. Pool name or Wildcat: EMPIRE ABO

4. Well Location
Unit Letter K : 2400 Feet From The SOUTH Line and 2080 Feet From The WEST Line

Section 34 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667.6 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:	[ ]			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.

TD6376, PBD 6200, PERFS 6140-50 CIBP 6099.98

WELL WAS TA 2-11-93

6-9-93 SET PKR @ 6039 TO ISOLATE HOLE IN CSG BETWEEN 6039 & CIBP, LOAD CSG W/8.6# BRINE & TH 377 CHEMICAL, PRESSURE CSG TO 580# FOR 20 MIN

WELL TA

CHART ATTACHED

This ... Abandonment Expires 6/98

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

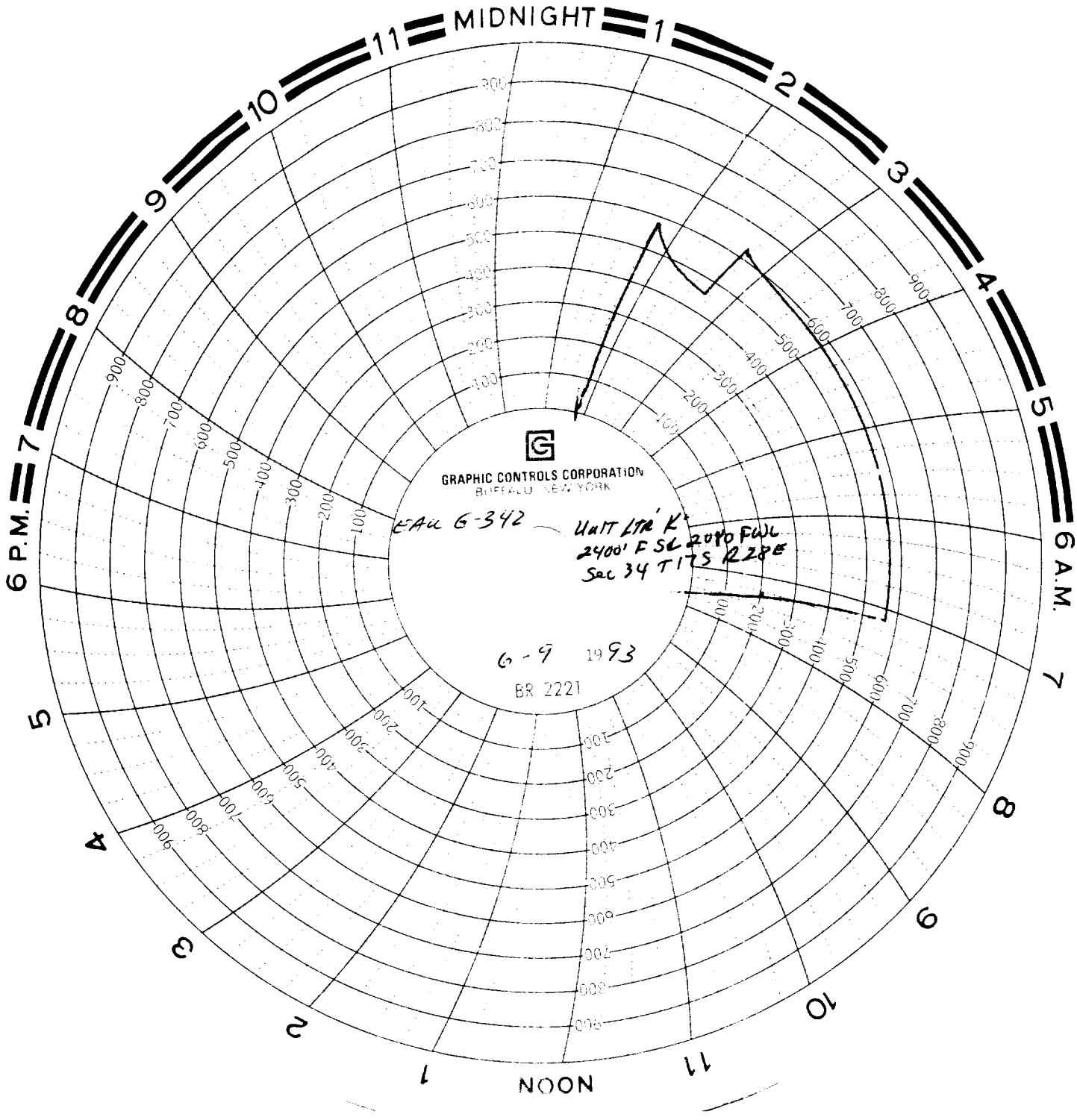
SIGNATURE James Cogburn TITLE Operation Coordinator DATE 6-29-93

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

(This space for State Use)

APPROVED BY G. Wilson TITLE Field Rep DATE 7/20/93

CONDITIONS OF APPROVAL, IF ANY:


MIDNIGHT
NOON
6 A.M.
6 P.M.
GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
EAU 6-342
Unit Ltr 'K'
2400' FSL 2040 FWL
Sec 34 T17S R28E
6-9 1993
BR 2221