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

RECEIVED
SEP - 7 89
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

C/SF
Dp

WELL API NO.	30-015-22050
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	647-349 647-351
7. Lease Name or Unit Agreement Name	Empire Abo Unit "H"

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.)

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

2. [illegible]

[illegible]

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Lse Code	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
S					

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
000734	AMOCO Pipeline 502 NW Avenue Levelland, TX 79336	2811055	O	P-26- ~~K-33-17S-28E~~
000756	AMOCO Production Co. P.O. Box 68 Hobbs, NM 88240	2811040	G	K-33-17S-28E
009171	GPM Gas Corp. 4001 Penbrook Odessa, TX 79760	2811040	G	"

IV. Produced Water

23 POD	24 POD ULSTR Location and Description

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations

30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure

40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

46 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Kellie D. Murrish

Printed name: Kellie D. Murrish

Title: Records CLerk II

Date: 6-1-94 Phone: 505-391-1649

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date: JUN 06 1994

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature Printed Name Title Date

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Santa Fe, New Mexico 87504-2088

SEP - 7 '89

O. C. D.
ARTESIA, OFFICE

Form C-103
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c/sf DP

WELL API NO.
30-015-22050

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

6. State Oil & Gas Lease No.
647-349 647-351

SUNDRY NOTICES AND REPORTS ON WELLS

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7. Lease Name or Unit Agreement Name
Empire Abo Unit "H"

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

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No.
292

3. Address of Operator
P. O. Box 1610, Midland, Texas 79702

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter M : 1225 Feet From The West Line and 180 Feet From The South Line

Section 33 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3665.7 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: Recomplete Abo Zone			[XX]

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.

6-26-89 RU PU. POH w/CA. Set C1BP at 6210. Perf Abo f/6162-6170. Acidize w/1000 gals. Swab test. Set C1BP at 6150. Perf Abo f/6126-6138. Acidize w/1000 gals. Swab test. Set C1BP at 6117. Perf Abo f/6088-6100. Acidize w/1000 gals. Swab test. Set C1BP at 6060.

7-06-89 RD PU. Well TA'd.

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

SIGNATURE Ken W Gosnell TITLE Engr. Tech. DATE 8-31-89

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE AUG 31 1989

CONDITIONS OF APPROVAL, IF ANY: