Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

103 |-1-89

DISTRICT I P.O. Box 1980, Hobbs NM 88240  OIL CONSERVATION DIVISION P.O. Box 2088		WELL-API NO. 30-015-22525
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mex		8. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No. 647-349 647-351
SUNDRY NOTICES AND REPORTS ON W (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP! DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "G"
I. Type of Well: Oll GAS WELL OTHER		
2. Name of Operator ARCO Permian		8. Well No. 322
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240		9. Pool name or Wildcat EMPIRE ABO
4. Well Location Unit Letter I 2350 Feet From The SOUTH	Line and 1100	Feet From The EAST Line
Section 33 Township 17S	Range 28E	NMPM EDDY County
10. Elevation (Show wh 3665.6' GR	ether DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	g opns.   Plug and abandonment
PULL OR ALTER CASING	CASING TEST AND CI	EMENT JOB
OTHER:	OTHER: SQUEEZE	OPEN HOLE/PERF UPPER ABO
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: 6250' PBD: 6156' PERFS: 6032-6140'		
05/11/95: HALLIBURTON SQUEEZE OPEN HOLE 6170-6250 W/100 SACKS CLASS "H" CMT. 60 SACKS INFORMATION AND OPEN HOLE BELOW RETAINER. CIRC 40 SACKS TO PIT.  05/15/95: ACIDIZE ABO PERFS 6032-6140' W/2500 GALS 15% NEFE. RAN 180 BALL SEALERS.		
		MAY 2 5 1995
	zi.	OIL CON. DIV. DIST. 2
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
( i i i i i i i i i i i i i i i i i i i	TITLE Administrative Assist	tant
TYPE OR PRINT NAME Kellie D. Murrish		TELEPHONE NO. 391-1649
(This space for State Use)  ORIGINAL COORDS SET USE ONE  ORIGINAL COORDS SET USE OF US		MAY 3 0 1995
	TITLE	DATE