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

RECEIVED
MAR 22 1993
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-22927

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

6. State Oil & Gas Lease No.
B-2071-25

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 "F"

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

2. Name of Operator
ARCO OIL & GAS COMPANY

8. Well No.
364

3. Address of Operator
P. O. BOX 1710 HOBBS, NEW MEXICO 88240

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter H : 1550 Feet From The NORTH Line and 750 Feet From The EAST Line

Section 34 Township 17 S Range 28 E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3675.6 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: RECOMPLETE SAME ZONE			[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.

TD 6350, PBD 6065, PERFS 6020-48

SET RBP @ 6058, PERF ABO 6020-48 W/ 2JSPF (34 Holes), ACIDIZE W/2000 GAL. 15% NEFE.

SWAB TEST 03/05/93 184 BBLS FLUID 58% OIL. POH W/PKR & RBP, SET CIBP ON WIRELINE @ 6065, TEST CIBP to 500#, RUN COMPLETION ASSEMBLY.

03/12/93 IN 25 HOURS PUMPED 198 BO, 303 BW, 49 MCFG.

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

SIGNATURE _____ TITLE OPERATIONS COORDINATOR DATE 03/18/93

TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. (505)391-1621

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE _____ DATE MAR 23 1993

CONDITIONS OF APPROVAL, IF ANY: