Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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

2040 Pacheco St.
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

WELL API NO. 30-015-00717

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

6. State Oil & Gas Lease No. 06-693

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 "K"

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

8. Well No. 16

2. Name of Operator: ARCO Permian

9. Pool name or Wildcat: EMPIRE ABO

3. Address of Operator: P.O. Box 1089, Eunice, New Mexico 88231

4. Well Location
Unit Letter I : 1980 Feet From The S Line and 660 Feet From The E Line

Section 2 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3574' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	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:			[ ]

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: 6101' PBD: 6086' PERFS: HORIZONTAL HOLE 6039-6813'

MIRUPU. POH w/rods & pmp. NDWH. NUBOP. Release TAC @ 5960'. POH w/tbg & TAC. RIH w/4-3/4" bit & scraper to 5990'. POH. GIH & perf w/2 JSPF 5560-5952'. POH. GIH w/PPI tools & breakdown perfs f/5560-5952' w/50 gals/ft. 15% HCL NEFE. POH. RIH w/bull plugged MA, perf sub, SN & 2-3/8" tbg. Land SN @ +/- 5960'. NDBOP. NUWH. Swab for test. GIH w/GA, pmp & rods. Hang well on. RDPU. RTP.

RECEIVED
OCD - ARTESIA

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

SIGNATURE Kellie D. Murrish TITLE Sr. Administrative Assistant DATE 01/08/02

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

JAN 14 2002

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: