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. 30-015-00733

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

6. State Oil & Gas Lease No. B-7244

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.)

RECEIVED
MAR 2 '90
O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name: Empire Abo Unit "J"

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

2. Name of Operator: ARCO OIL AND GAS COMPANY

8. Well No. 13

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

9. Pool name or Wildcat: Empire Abo

4. Well Location
Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North Line

Section 2 Township 18S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3581 RKB

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: Convert to Gas Injection	[X]			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.

Propose to convert to Gas Injection as follows:

1. Press test csg to 500#.
2. Drill out CIBP
3. Perf Abo f/5710-5724
4. Set PKR at 5600 & press test csg to 500#.
5. Acidize 5710-24 & 5754-84 w/4000 gals
6. RIH w/ 2 3/8 1PC inject. tbg.

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

SIGNATURE Ken W Gosnell Ken W Gosnell TITLE Engr. Tech. DATE 3-1-90 1-29-90

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAR 6 1990

CONDITIONS OF APPROVAL, IF ANY: