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
APR 30 1991
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-02613

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

6. State Oil & Gas Lease No.
OG-4307

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 "I"

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

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No.
21

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

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter D : 990 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 6 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3673' 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: ACIDIZING [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 6119'; PBD 6084'; PERFS: 6020-6070'; PKR @ 5992'

4/11/91 PUMPED 3000 GALLONS 80/20 ACID/XYLENE w/100# BENZOIC ACID FLAKES AS DIVERTER. FLUSHED w/35 BBLS CONDENSATE FROM AMOCO GASOLINE PLANT.

PRIOR PRODUCTION: 3/10/91 18 BO, 1 BW, 618 MCFG
AFTER PRODUCTION: 4/21/91 14 BO, 0 BW, 272 MCFG

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

SIGNATURE [signature] TITLE Administrative Supervisor DATE 4/29/91

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAY - 6 1991

CONDITIONS OF APPROVAL, IF ANY: