to Appropriate
District Office

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAR 31 1994

WELL API NO.
30-015-0625

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

6. State Oil & Gas Lease No.

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 [ ] GAS WELL [ ] X OTHER Gas Injection

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No.
23

3. Address of Operator
P.O. 1710 HOBBS N.M. 88240

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter B : 470 Feet From The North Line and 2170 Feet From The East Line

Section 6 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3669.6 GL

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: Convert to gas injection			[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 6194' PERFS 5985-6130'
PBD 6184

03/10/94: Add perfs 5985-6080, set pkr @ 5943.85'. Acidize 5985-6130' w/3000 gals 15% NEFE acid.

03/19/94: Load casing w/1 bbl 8.6# brine w/TH-377 chemical. Pressure test to 640#, held for 30 mins. Test chart attached.

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

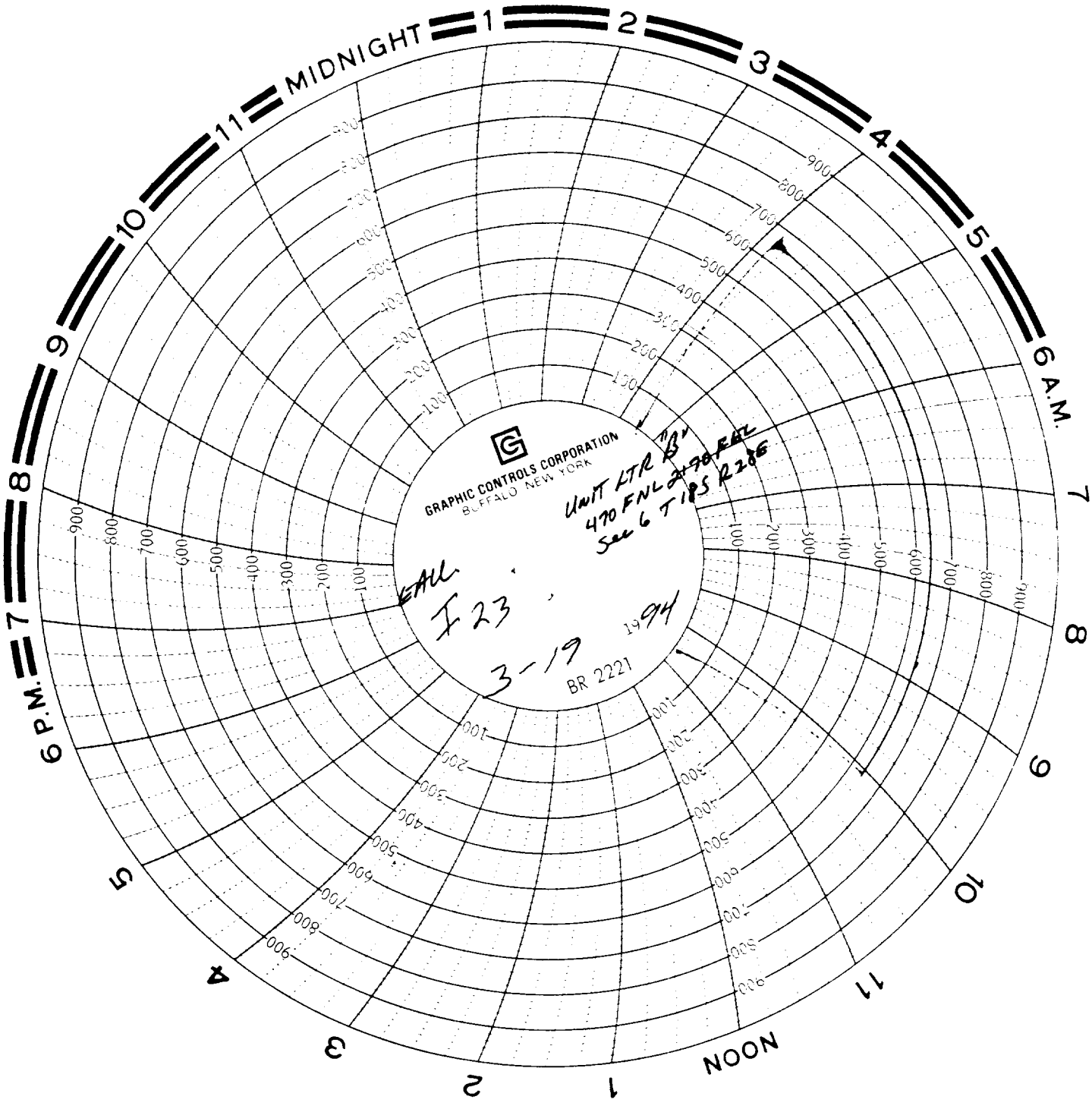
SIGNATURE Kellie D. Murrish TITLE Records Clerk II DATE 03/29/94

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE APR 8 1994

CONDITIONS OF APPROVAL, IF ANY: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GRAPHIC CONTROLS CORPORATION
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