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

RECEIVED
SEP 20 1993
O. C. D.

Form C-103
Revised 1-1-89

WELL API NO.
30-015-22606

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

6. State Oil & Gas Lease No.
B-3823-1

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.
283

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

9. Pool name or Wildcat
EMPIRE ABO UNIT

4. Well Location
Unit Letter A : 175 Feet From The NORTH Line and 300 Feet From The EAST Line

Section 5 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3661 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: CONVERT TO GAS INJECTION [XX]		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 6266, PBD 6228, PERFS 6147-84

NOTIFY NMOCD PRIOR TO STARTING WORK

SET PKR @ 6125, LOAD CSG W/TREATED FLUID, TEST CSG TO 500# FOR 20 MIN,

AND START GAS INJECTION

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

SIGNATURE [signature] TITLE OPERATION COORDINATOR DATE 9-16-93

TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 19 1993

CONDITIONS OF APPROVAL, IF ANY: