UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

5. LEASE DESIGNATION AND SERIAL NO.	NM-016788
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. IF UNIT OR CA, AGREEMENT DESIGNATION	

1. TYPE OF WELL [X] OIL WELL [ ] GAS WELL [ ] OTHER

8. WELL NAME AND NO.
Empire Abo Unit "K" #194

2. NAME OF OPERATOR
ARCO Oil & Gas Company

9. API WELL NO.
30-015-22658

3. ADDRESS AND TELEPHONE NO.
P.O. Box 1610, Midland, TX 79702   (915) 688-5672

10. FIELD AND POOL, OR EXPLORATORY AREA
Empire Abo

4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)

1500 FSL & 2130 FEL (Unit Letter J)
1-18S-27E

11. COUNTY OR PARISH, STATE
Eddy

12.
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] NOTICE OF INTENT	[ ] ABANDONMENT	[ ] CHANGE OF PLANS
[X] SUBSEQUENT REPORT	[ ] RECOMPLETION	[ ] NEW CONSTRUCTION
[ ] FINAL ABANDONMENT NOTICE	[ ] PLUGGING BACK	[ ] NON-ROUTINE FRACTURING
	[ ] CASING REPAIR	[ ] WATER SHUT-OFF
	[ ] ALTERING CASING	[ ] CONVERSION TO INJECTION
	[ ] Other	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

3. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

5-26-92. RUPU. Perf Abo f/6150-60. A w/1400 gals 15%. Swab test. Displaced csg w/pkr fluid. Press test csg & pkr to 500#.

5-28-92. RDPU.
Workover was unsucessful.
Holding wellbore for obervation well.

APPROVED FOR 8 MONTH PERIOD

ENDING 3/31/93

29 1992
SJS

14. I hereby certify that the foregoing is true and correct

SIGNED *Ken W Gosnell*   TITLE Regulatory Coordinator   DATE 7-16-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 7/29/92

CONDITIONS FOR APPROVAL, IF ANY:

* See Instructions on Reverse Side

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