Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8 C151

to Appropriate District Office	Energy, witherars and ivacular Re	coources Department	Kevised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-22896
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0		6. State Oil & Gas Lease No. B-8814-12
(DC) NOT USE THIS FORM FOR PR DIFFERENT RESI	TICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN OF ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name  Empire Abo Unit "K"
1. Type of Well: OIL GAS WELL X WELL	OTHER		Langue And Can.
2. Name of Operator ARCO Permian			8. Well No. 143
3. Address of Operator P.O. Box 1710, Hobbs, New Me	xico 88240		9. Pool name or Wildcat Empire Abo
4. Well Location Unit Letter K : 1820	Feet From The S	Line and 2550	Feet From The W Line
Section 2	Township 18S Rai		NMPM Eddy County
	3533' GR		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
NOTICE OF I	NIENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	L ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB [
OTHER:		OTHER: Squeeze and	Perf Upper Abo
work) SEE RULE 1103.  TD: 6107' PBD: 6035' PERFS:  07/18/96: RIH W/CR. SET @ 60.  SQUEEZE PRESS 1600#. REVEI  07/19/96: PERF ABO INTERVAL  07/25/96: RIH W/KVL-30 PKR, S  5795.23' LOAD & TEST CSG TO	5832-5914'  55'. SQUEEZE PERFS 6070-6090' W/ RSE OUT 30 SXS TO PIT.  5832-5914' W/4" CSG GUN, 2 JSPF, RN & TBG. PMP 75 BBLS 8.6# BRINI  5000, HELD GOOD.	125 SXS CLASS "C" N TOTAL 164 HOLES.	
IN 24 HOURS PRODUCED 0 BO,	0 BW, 1125 MCFD ON 08/01/96.		
			SEP 24 (20)
I hereby certify that the information above	s true and complete to the best of my knowledge	e and belief.	
SIGNATURE TITLE Administrative Assistant DATE 09/20/96			
TYPE OR PRINT NAME Kellie D. Murti	/ sh		TELEPHONE NO. 505-391-16
(This space for State Use)			

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY\_

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT IS SUPERVISOR