Submit 3 Copies to Appropriate District Office

State of New Mexico
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

WELL API NO.
30-015-22462

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

6. State Oil & Gas Lease No.
B-11593

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.)

RECEIVED
MAY -9 '90
O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name
EMPIRE ABO UNIT "E"

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

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No.
373

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

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter D : 150 Feet From The NORTH Line and 15 Feet From The WEST Line

Section 35 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3670.4' 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	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

TA & HOLD WELL BORE FOR FIELD BLOW DOWN

1. NOTIFY NMOCD 24 HRS PRIOR TO TESTING CIBP
2. MIRU UNSET PKR OR TAC
3. INSTALL BOP
4. POH w/TBG, TOH
5. GIH w/TBG OR WL SET CIBP + - 10-15' ABOVE EXISTING PERFS
6. POH w/1 JT TBG & CIRC A MIX OF 10 GAL WT675 COR INHIBITOR PER 100 BBL OF 8.6# BRINE
7. ESTABLISH CIRCULATION w/TREATED FLUID AND TEST CIBP TO 500# w/PRESSURE CHART
8. POH w/TBG LAYING DOWN-LEAVE ONE JT HANGING ON BI BONNETT. SI. RDCL

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 5/7/90

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAY 16 1990

CONDITIONS OF APPROVAL, IF ANY: