

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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  
1900 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2008

WELL API NO.  
30-025-11915

Indicate Type of Lease

STATE  FEE

Date of Lease & Lease No.

B-208

**SUNDRY NOTICES AND REPORTS ON WELLS**

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS)

Lease Name or Unit Agreement Name

Type of Well:

WELL

GAS WELL

Other

South Justis Unit "F"

Name of Operator

ARCO OIL and GAS COMPANY

Well No.

29

Address of Operator

P.O. Box 1610, Midland, Texas 79702

Field Name or Wildcat

Justis Blbry-Tubb-Dkrd

Well Location

Unit Letter K 1980 Feet From The South Line and 1980 Feet from The West Line

Section 36 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3026 GR

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)

12. Describe Proposed or completed Operation. Clearly state all pertinent dates, including estimated date of starting any proposed work. SEE RULE 1103.

11-6-93. RUPU. POH w/CA. CO fill f/5535-5564. DO cmt & CIBP at 5600. DO Mod "D" pkr @ 5680. CO fill to 5830 TD. Press test csg f/4985-surf to 500#. Added perforations. RIH w/CA: 2-3/8 tbg, rods & pump to 5788. RDPU 11-13-93.

Blinebry-Tubb-Drinkard perfs 5044-5698  
OH 5797-5830

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

SIGNATURE

*Ken W. Gosnell*

TITLE

Agent

DATE

12-4-93

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

915 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY: