

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
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-11793

5. Indicate Type of Lease

STATE FEE

6. State Oil & Gas Lease No.

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)

7. Lease Name or Unit Agreement Name

South Justis Unit "D"

1. Type of Well:

OIL WELL GAS WELL other

8. Well No.

23

2. Name of Operator

ARCO OIL and GAS COMPANY

3. Address of Operator

P.O. Box 1610, Midland, Texas 79702

9. Pool Name or Wildcat

Justis Blbry-Tubb-Dkrd

4. Well Location

Unit Letter A : 660 Feet From The North Line and 330 Feet from The East Line
Section 26 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3080 DF

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING

(Other)

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB

(Other)

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

10-19-93. RUPU. POH w/CA. CO fill f/5470-5501. DO CIBP @ 5500. Mill over & fish 60'
2-3/8 tbg to pkr @ 5859. Mill over & fish pkr. CO to 5954 PBD. Press test csg
f/5007-surf to 500#. Added perforations. Acidized Blinebry-Tubb-Drinkard
perfs f/5051-5945 w/23,000 gals. RIH w/CA: 2-3/8 tbg, rods & pump to 5917.
RDPU 11-6-93.

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 12-9-93

TYPE OR PRINT NAME

TELEPHONE

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____
CONDITIONS FOR APPROVAL, IF ANY:

DEC 14 1993
DATE