Cases of Non Marica

Submit 3 Copies to Appropriate	Energy, Minerals and Natural			rm C-103 vised 1-1-89
District Office DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATI		WELL API NO.	
P.O. Box 1980, Hobbs NM 88241-1980 2040 Facilities 31. DISTRICT II Santa Fe, NM 87505			30 - 025 - 12408 5. Indicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210			STATE X	o _{fee} □
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOT	ICES AND REPORTS ON WE	LLS		
(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.)			7. Lease Name or Unit Agreement Name South Justis Unit "I"	
1. Type of Well: OIL WELL X GAS WELL	OTHER			
2. Name of Operator			8. Well No. 22	
ARCO Permian 3. Address of Operator			9. Pool name or Wildcat Justis Blinebry Tubb Dr	rkd
P.O. Box 1089 Eunice, NM 1		_		
Unit Letter M : 330	Feet From The S	Line and 3	Feet From The	W Line
Section 19	Township 25S	Range 28E	NMPM Lea	County
	10. Elevation (Show whe	ther DF, RKB, RT, GR, et 080' KB 3068' GL	(c.)	
11. Check Ap	propriate Box to Indicat	e Nature of Notice	, Report, or Other Data	
NOTICE OF I	NTENTION TO:	SUI	BSEQUENT REPOR	ΓOF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	ASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. DPLUG AND A	BANDONMENT [
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: Temporar	ily Abandon	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent of	letails, and give pertinent d	ates, including estimated date of sta	rting any proposed
TD: 5970' PBD: 5935'	PERFS: 5124-5915' 7" (CSG @ 5969'		
12/18/98: Circ hole w/	w/bit & scaper. POH. Ri 2% KCL fresh wtr & pkr flo ART ATTACHED. Well T&A'd	IH w/CIBP. Set CIB uid. Run MIT @ 500	P @ 5075'. SION psi for	
		Onis kaga Mada Jawa	reval of Tamporary	118/2005
			7	//
I hereby certify that the information above is	true and complete to the best of my knowl	edge and belief.		
		TITLE Administrative	Assistant DATE	12/22/98
TYPE OR PRINT NAME Kellie D. Mu	ırrish		TELEPHONE NO.	505-394-1649
	Y6 CENSON		* (:)	at 1 1 991

TITLE

APPROVED BY.

CONDITIONS OF APPROVAL, IF ANY:

_ DATE

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12 /18

12 /18

13 /18

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