Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30 025 12432 Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE 🛛 FEE 🗌 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-9521 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Hobbs A 1. Type of Well: WELL X OTHER 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. AS AGENT FOR ARCO DIL & GAS 6 3. Address of Operator 9. Pool name or Wildcat P. O. Box 730 Hobbs, NM 88240 Justis Blinebry/Tubb Drk 4. Well Location Unit Letter E: 1650 Feet From The N 330 Feet From The W Line and \_ Line Township 25\$ Range 38E **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3079' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 X OTHER: Casing Integrity Test 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. 03-10/12-93 1) Run bit & scraper to 5893'. 2) Set packer @ 5050', test 7" csg to 770# 30 min - Held OK. (Original chart attached, copy on reverse) 3) Run production equipment, set pump @ 5882'. 4) Return well to production, turn over to Arco. RE: R-9745, well will be renamed South Justis Unit I #24, operated by Arco I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKONATURE WY Johnson \_ ππ.ε \_Engr Asst DATE 05-25-93 TELEPHONE NO.505-393-7191 TYPE OR PRINT NAME L.W. Johnson

TITLE .

CONDITIONS OF APPROVAL, IP ANY:

APPROVED BY \_\_

CONTRACT VETER OF DEADLE WRIGHT

