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.
30-025-11718

5. Indicate Type of Lease
STATE ___ FEE X

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 "E"

1. Type of Well:
OIL WELL X GAS WELL ___ Other

2. Name of Operator
ARCO OIL and GAS COMPANY

8. Well No.
21

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 L : 1980 Feet From The South Line and 990 Feet from The West Line

Section 24 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3085 KB

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	X	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 Operations (Clearly state all pertinent details, including estimated date of starting any proposed work) SEE RULE 1103.

11-8-93. RUPU. Isolate csg leak f/5018-5802. Add perfs f/5551-5987. Acidize perfs 5551-5987 w/5000 gals. Frac w/75,000 gals & 246,000# sd. Add perfs f/5047-5503. Acidize w/5000 gals. Frac w/75,000 gals & 246,000# sd. CO frac sd. RIH w/2-3/8 tbg to 6033. RDPU 11-16-93.
Blinebry-Tubb-Drinkard perfs 5047-5987.

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 12-14-93

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: