

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. 76
30-025-11683

5. Indicate Type of Lease

STATE ☐ FEE ☒

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)

Lease Name or Unit Agreement Name

South Justis Unit "E"

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ other ☐

2. Name of Operator
ARCO OIL and GAS COMPANY

3. Well No.
24

4. Address of Operator
P.O. Box 1610, Midland, Texas 79702

9. Pool Name or Wildcat
Justis Blbry-Tubb-Dkrd

6. Well Location
Unit Letter E : 1650 Feet From The North Line and 990 Feet from The West Line
Section 25 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3071 DF

11. 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.

11-15-93. RUPU. POH w/CA. CO scale & fill f/5663-5797. Cut over Mod "D" pkr @ 5800. Push down to 5984. Fish & rec pkr & DR plug. CO fill to 6030 PBD. Press test csg f/4965-surf to 500#. Added select perforations. Acidized Blinebry-Tubb-Drinkard perms 4982-5942 w/25,000 gals. RIH w/CA: 2-3/8 tbg, rods & pump to 5989. RDPU 11-22-93.

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 12-22-93

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 _____
CONDITIONS FOR APPROVAL, IF ANY:

DEC 28 1993