

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires September 10, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-0766
2. NAME OF OPERATOR ARCO Oil & Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS AND TELEPHONE NO. P.O. Box 1610, Midland, TX 79702 (915) 688-5672	7. IF UNIT OR CA, AGREEMENT DESIGNATION
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 900 FSL & 990 FWL (Unit Letter M) 25-25S-37E	8. WELL NAME AND NO. South Justis Unit "E" #26
	9. API WELL NO. 30-025-11766
	10. FIELD AND POOL, OR EXPLORATORY AREA Justis Blbry-Tubb-Dkrd
	11. COUNTY OR PARISH, STATE Lea

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ NOTICE OF INTENT
☒ SUBSEQUENT REPORT
☐ FINAL ABANDONMENT NOTICE

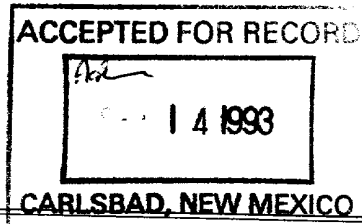
TYPE OF ACTION

- ☐ ABANDONMENT
☐ RECOMPLETION
☐ PLUGGING BACK
☐ CASING REPAIR
☐ ALTERING CASING
☐ Other
- ☐ CHANGE OF PLANS
☐ NEW CONSTRUCTION
☐ NON-ROUTINE FRACTURING
☐ WATER SHUT-OFF
☐ CONVERSION TO INJECTION

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8-2-93. POH w/CA., CO fill f/5601 to fish @ 5677. Mill over "FA" pkr @ 5677 & push down hole to 5762. RIH w/overshot & grapple. Latch onto fish & POOH. Rec locator sub, 4 jts 2-3/8 tbg, SN & perf sub (130.14'). Rec "FA" pkr w/overshot & washpipe. CO junk f/5850 to 5893 PBD. Cut 3' core to 5901. Press test csg f/4933-surf to 500#. Acidized perfs 5024-5875 w/3000 gal. RIH w/CA: 2-3/8 tbg, rods & pump to 5844. RDPD 8-9-93.



14. I hereby certify that the foregoing is true and correct

SIGNED Ken W. Gosnell TITLE Agent DATE 8-30-93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS FOR APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instructions on Reverse Side

RECEIVED

ALL INFORMATION
GOVERNMENT
OFFICE

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL & GAS COMPANY		Well API No. 30 025 11766
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> ADD TRANSPORTER (GAS) Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH JUSTIS UNIT "E"	Well No. 26	Pool Name, including Formation JUSTIS BLINERRY TURB DRINKARD	Kind of Lease State, Federal or Fee	NM Lease No. NM 0766
Location Unit Letter M : 990 Feet From The SOUTH Line and 990 Feet From The WEST Line Section 25 Township 25 S Range 37 E , NMPL LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 2528 HOBBS, NEW MEXICO 88241					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON CARBON & GASOLINE CO. TEXACO EXPLORATION & PRODUCTION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1226 Jal, N.M. 88252 P. O. Box 3000 Tulsa, Ok. 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

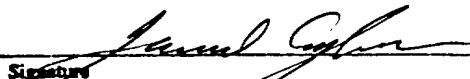
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

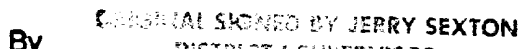
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
JAMES COGBURN OPERATIONS COORDINATOR
Printed Name Title
Date 6/21/93 (505) 391-1621
Telephone No.

OIL CONSERVATION DIVISION

JUL 19 1993

Date Approved

By 
DISTRICT SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.