

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

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-11771

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SOUTH JUSTIS UNIT G

8. Well No.

23

9. Pool name or Wildcat

JUSTIS BLINEBRY TUBB DRKD

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter **B** : **330** Feet From The **N** Line and **1650** Feet From The **E** Line

Section **25** 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:

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

TD: 8350' PBD: 5560' PERFS: 5001-6063' 7" CSG SET @ 8350'

12/16/97: MIRUPU

12/17/97: POH W/RODS, PMP, & TBG

12/18/97: SET CIBP @ 5560' RIH W/TBG & SET SN @ 5510'

12/20/97: RIH W/PMP & RODS. PLACE ON PRODUCTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Kellie D. Murrish

TITLE **Administrative Assistant**

DATE **12/19/97**

TYPE OR PRINT NAME

Kellie D. Murrish

TELEPHONE NO. **505-394-1649**

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

5
2
5

DD

