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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-11775 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-11478 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.) SOUTH JUSTIS UNIT "H" 1. Type of Well: GAS WELL WELL X 8. Well No. 2. Name of Operator 23 **ARCO** Permian 9. Pool name or Wildcat 3. Address of Operator JUSTIS BLBRY-TUBB-DKRD P.O.BOX 1610, MIDLAND, TX 79702 4. Well Location Feet From The NORTH Line and 760 Feet From The EAST 430 Line Unit Letter A Township 25S Range 37E N
10. Elevation (Show whether DF, RKB, RT, GR, etc.) LEA County **NMPM** Section 25 3073 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: 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. 11-14-94.RUPU. PERF B-T-D F/5499-5974. ACIDIZED W/ 2500 GALS. ACIDIZED 5038-5432 W/4000 GALS. FRAC B-T-D 5038-5974 W/80,000 GALS CARRYING 241,710# SD. CO FILL TO 6581. RIH W /CA; 2 3/8 TBG, RODS & PUMP TO 5653. RDPU 11-22-94. CURRENT PRODUCING INTERVAL 5038-5974.

La la contractor	urlades and belief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Ken au Hosnelf	TITLE AGENT	DATE 11-28-94
TYPE OR PRINT NAME KAN W. GOSNEll		TELEPHONE NO.915 688-5672
(This space for State Use) CONSINCE SHOWED BY USERY SEXTON LIGHTS I SUPERVISOR		NNV 9 A 40A
APPROVED BY	TITLE	NOV 3 0 1994
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

NOV 2 9 1994 O C D HOBBS OFFICE