

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO.  
30-025-11775  
5. Indicate Type of Lease  
STATE  FEE   
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

South Justis Unit "H"

2. Name of Operator  
ARCO OIL AND GAS COMPANY

8. Well No. 23

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

9. Pool name or Wildcat  
Justis Blbry-Tubb-Drkd

4. Well Location  
Unit Letter A : 430 Feet From The North Line and 760 Feet From The East Line  
Section 25 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3073' GR

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       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, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Propose to workover wellbore as follows:  
1. POH w/CA  
2. Add Blinebry-Tubb-Drinkard perfs 5499-5974'.  
3. Acidize & frac new perfs  
4. Acidize old perfs 5038-5432'  
5. RIH w/CA

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 5-11-94  
TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEKTON  
DISTRICT SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 13 1994  
CONDITIONS OF APPROVAL, IF ANY: