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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-11901 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-229 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 "G" 1. Type of Well: GAS WELL WELL X OTHER 8. Well No. 2. Name of Operator 28 **ARCO Permian** Pool name or Wildcat 3. Address of Operator JUSTIS BLY TUBB DRKD P.O. Box 1710, Hobbs, New Mexico 88240 4. Well Location Line and 1980 Feet From The 1980 Feet From The N Line Unit Letter NMPM LEA Township 25S Range 37E County Section 36 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3034' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: SET CIBP 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: 6100' CIBP: 5900' PERFS: 4988-5890' 03/15/97: PMP 100 BBLS 10# BRINE DOWN CSG TO KILL WELL. POH W/2-3/8" TBG. WIH W/BIT,SCRAPER,SUB, & WORKSTRING TO 5900'. 03/16/97: WIH W/ALPHA CIBP 5-1/2", SET @ 5900'. WIH W/2-3/8" TBG, SET @ 5791.11'. LOAD TBG W/16 BW TO 500#, BLED OFF. 7 (L 43/15/97: PMP 100 BBLS 10/ BRINE DOWN CSG TO KILL WEEL. POH W/2-3/8" TBG. WIII-W/BIT,SCRAPER,SUB, & WOR^field I hereby certify that the information above is true and complete to the best of my knowledge and belief. admin Asst TYPE OR PRINT NAME (This space for State Use)

TITLE

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