State of New Mexico
Energy, Minerals and Natural Resources Department

Submit 3 Copies to Appropriate District Office

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

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

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

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O Box 2088
Santa Fe, New Mexico 87504-2008

WELL API NO.
30-025-11908

5. Indicate Type of Lease
STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-229

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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
South Justis Unit "H"

1. Type of Well:
OIL WELL [X] GAS WELL [ ] Other

2. Name of Operator
ARCO OIL and GAS COMPANY

8. Well No.
28

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

9. Pool Name or Wildcat
Justis Blbry-Tubb-Dkrd

4. Well Location
Unit Letter H : 1650 Feet From The North Line and 660 Feet from The East Line

Section 36 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3032.5 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 [X]	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 dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-15-93. RUPU. POH w/CA. CO fill f/5472-5565. DO CIBP @ 5565. CO to 6050. Press test csg f/4893-surf to 500#. Set CIBP @ 6050. Add selected perforations. Dump 35' cmt on CIBP @ 6050. Acidize Blinebry-Tubb-Drinkard perfs 5001-5930 w/15,400 gals. RIH w/CA: 2-3/8 tbg, rods & pump to 5927. RDPU 11-20-93.

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

SIGNATURE Kerri Gotnell TITLE Agent DATE 12-14-93

TYPE OR PRINT NAME TELEPHONE

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS FOR APPROVAL, IF ANY: