ilm ded Report

Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATION	ON DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	30 - 025 - 11915  5. Indicate Type of Lease	<del></del>
DISTRICT III 1000 Rio Brazos Rd., Aztoc, NM 87410				FEE .
	CES AND REPORTS ON WEL	1.6	B-228	77777777
(DO NOT USE THIS FORM FOR PRO				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well:	TOTAL OCCUPATION OF THE PROPERTY OF THE PROPER		SOUTH JUSTIS UNIT "F"	
OIL GAS WELL	OTHER			
2. Name of Operator			8. Well No.	
ARCO Permian  3. Address of Operator		<del></del>	29	
P.O. Box 1089. Eunice. NM	88231		9. Pool name or Wildcat  JUSTIS BLY TUBB DRKD	
4. Well Location Unit Letter K : 1980	Feet From The \$	Line and198	30 Feet From The W	Line
Section 36	Township 25S R	ange 37E	NMPM LEA	_
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc	.)	County
11. Check An	proprieto Poy to Indicate	3026' GR	<u> </u>	
NOTICE OF IN	propriate Box to Indicate			
NOTICE OF IN	TENTION TO:	308	SEQUENT REPORT OF:	r.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONI	MENT [
PULL OR ALTER CASING		CASING TEST AND CEI		
OTHER:		OTHER: SET CIBP		ſ,
	_			L
work) SEE RULE 1103.	ations (Clearly state all pertinent det	alls, and give pertinent dat	es, including estimated date of starting any	proposed
TD: 5830 CIBP: 5750'	PERFS: 5044-5698'			
03/13/97: POH W/RODS & 1	TRC WIN WAST CORDED ON	AND MODESTRING T	O 57007 DOW LITE & CET	
	TBG. WIH W/BIT,SCRAPER,SUE .ATED OH 5797-6100') POH.	PMP 100 BBLS DOWN	CSG POH. WIH & SET	
TO KILL WELL W/10# BRINE.	. WIH W/2-3/8" TBG.			
SET @ 5629.27°. LOADED 1	BG TO 500#, HELD OK.			
I hereby certify that the information above is tru	e and complete to the best of my knowledge	and belief.		
SIGNATURE MULLE KI	MUNISE THE	E Administrative A	ssistant DATE 06/11/	/97
TYPE OR PRINT NAME Kellie D. Murr	1sh		TELEPHONE NO. 505-39	4-1649
(This space for State Use)			· · · · · · · · · · · · · · · · · · ·	
APPROVED BY	Teri	F	5. ma	
	IIIL	E	DATE	