

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

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

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

**OIL CONSERVATION DIVISION**

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

WELL API NO.

**30-025-11915**

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**B-228**

7. Lease Name or Unit Agreement Name

**SOUTH JUSTIS UNIT "F"**

8. Well No.

**29**

9. Pool name or Wildcat

**JUSTIS BLBRY-TUBB-DKRD**

**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.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

**ARCO Permian**

3. Address of Operator

**P.O. BOX 1610, MIDLAND, TX 79702**

4. Well Location

Unit Letter **K** : **1980** Feet From The **SOUTH** Line and **1980** Feet From The **WEST** Line

Section **36**

Township **25S**

Range **37E**

NMPM

**LEA** County

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

**3026 GR**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **DEEPEN IN B-T-D & TREAT** ☒

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.

**06-30-95. RUPU. POH W/PROD CA. DRILLED 4 3/4 HOLE IN B-T-D F/5830-6100. ACIDIZED OH 5797-6100 W/2500 GALS. RIH W/PROD CA:2 3/8 TBG, RODS & PUMP TO 5793. RDPU 07-15-95.**

**B-T-D PROD INTERVAL - PERFS 5044-5698  
OH 5797-6100**

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 **07-25-95**

TYPE OR PRINT NAME

**Ken W. Gosnell**

TELEPHONE NO. **915 688-5672**

(This space for State Use)

APPROVED BY

TITLE

DATE

**JUL 28 1995**

CONDITIONS OF APPROVAL, IF ANY: