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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-11917

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

6. State Oil & Gas Lease No. B-228-1

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: SOUTH JUSTIS UNIT "H"

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

2. Name of Operator: ARCO Permian

8. Well No. 29

3. Address of Operator: P.O.BOX 1610,MIDLAND, TX 79702

9. Pool name or Wildcat: JUSTIS BLBRY-TUBB-DKRD

4. Well Location
Unit Letter I : 2100 Feet From The SOUTH 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.) 3031 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 B-T-D TO 6100 & TREAT [X]

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.

11-10-95. RUPU. POH W/PROD CA. RIH W/6 1/4 BIT TO 5871. CO SD & JUNK TO 6100. RAN GR/CPNL F/WLTD 6098-5900. PERF B-T-D FORMATION F/5967-6083(16 HOLES). ACIDIZED NEW PERFS W/75 GALS EACH. RIH W/PROD CA:2 3/8 TBG,RODS & PUMP TO 6085. RDPU 11-16-95.

B-T-D PROD INTERVAL 5103-6083

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 11-27-95

TYPE OR PRINT NAME Ken W.Gosnell TELEPHONE NO. 915 688-5672

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: