

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.

30-025-11919

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 "G"

8. Well No.

30

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 **0** : **990** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line

Section **36**

Township **25S**

Range **37E**

NMPM

LEA County

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

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 6000 & 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.

10-16-95. RUPU. POH W/PROD CA. RIH W/6 1/4 BIT TO 5853. CO JUNK CIBP & SCALE TO 5883. DRILL OUT FLT SHOE. DRILL NEW B-T-D FORMATION TO 6100 NEW TD. ACIDIZED OH 5885-6100 W/1000 GALS. RIH W/PROD CA:2 3/8 TBG, RODS & PUMP TO 6085. RDPU 10-30-95.

B-T-D PROD INTERVAL 5028-6100

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 **11-06-95**

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE NO. **915 688-5672**

(This space for State Use)

NOV 08 1995

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: