State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-11919

Indicate Type of Lease STATE [X] FEE [ ]

State Oil & Gas Lease No.
B-228

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)

Lease Name or Unit Agreement Name
South Justis Unit "G"

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

Name of Operator
ARCO OIL and GAS COMPANY

Well No.
30

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

Pool Name or Wildcat
Justis Blbry-Tubb-Dkrd

Well Location
Unit Letter O : 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.)
3027 GR

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 details, including estimated date of starting any proposed work) SEE RULE 1103.

11-27-93. RUPU. POH w/CA. CO fill f/5280-5480. Drill out CIBP @ 5480. Mill over pkr @ 5684. POH w/shoe. Rec'd Mod "D" pkr. CO fill f/5805-5850 PBD. Press test csg f/5009-surf to 500#. Added select perforations. Acidized Blinebry-Tubb-Drinkard perfs 5028-5836 w/18,800 gals. Frac'd perfs 5460-5688 w/35,000 gals & 112,000# sd. CO frac sd to 5850 PBD. RIH w/CA: 2-3/8 tbg, rods & pump to 5821. RDPU 12-8-93.

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 12-22-93

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE 915 688-5672

This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS FOR APPROVAL, IF ANY: