(June 1990)	ED STATES PLO. BOX 1980 T OF THE INTERIONIANS. NEW MEXICO 882	FORM APPROVED Budget Bureau No. 1004-0135 Expires. March 31, 1993 5. Lease Designation and Serial No.
BUREAU OF LAND MANAGEMENT 2 SUNDRY NOTICES AND REPORTS ON WELLS Deprot-use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals		NMLC060942A 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation NMNM 87877X
<ol> <li>Type of Well         Onl Gas Well Other     </li> <li>Name of Operator         ARCO OIL AND GAS COMPANY     </li> <li>Address and Telephone No         P.O. 1710 HOBBS N.M. 88240     </li> <li>Location of Well (Footage, Sec., T., R., M., or Survey De         UNIT P, 355' FSL &amp; 990' FEL     </li> </ol>		<ul> <li>8. Well Name and No.</li> <li>SOUTH JUSTIS UNIT "D" 143</li> <li>9. API Well No.</li> <li>30-025-20303</li> <li>10. Field and Pool, or Exploratory Area</li> <li>JUSTIS BLINEBRY TUBB DRK</li> <li>11. County or Parish, State</li> <li>LEA, N.M.</li> </ul>
12. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPO	
TYPE OF SUBMISSION	TYPE OF ACTION	
X Notice of Intent	Abandonment Recompletion Plugging Back	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off
Final Abandonment Notice	Casing Repair Altering Casing Coher <u>Casining</u> - <u>wright</u> Test	Conversion to Injection Conversion to Injection Dispose Water (Note Report results of multiple completion on Well Completion or Recompletion Report and Log form )
<ul> <li>Describe Proposed or Completed Operations (Clearly state a give subsurface locations and measured and true verti- TD 6152, PBD 6109, PERFS 50</li> </ul>	Il pertinent details, and give pertinent dates, including estimated date of starts cal depths for all markers and zones pertinent to this work.)*	
HOLD WELL BORE FOR FUTURE U	HOLD WELL BORE FOR FUTURE USE 1. NOTIFY BLM 24 HRS PRIOR TO CASING INTEGRITY TEST 2. SET CIBP WITHIN 50' OF EXISTING PERFS 30 JA	
3. LOAD CSG W/TREATED FLUID AND TEST TO 500# FOR 15 MIN.		8 <b>E</b> 8 <b>9</b>
4. LEAVE WELL SI W/ 1	1 JT. TBG IN HOLE	
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14. I hereby certify that the foregoing is true and correct	Title OPERATION COORDINATOR	Date 8-17-93
Signed		Date 10/1/93