State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O Box 2088
Santa Fe, New Mexico 87504-2008

WELL API NO.
30-025-22061 ✓

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

6. State Oil & Gas Lease No.
NMJ-540

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)

7. Lease Name or Unit Agreement Name
South Justis Unit "E"

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

2. Name of Operator
ARCO OIL and GAS COMPANY

8. Well No.
14

3. Adress of Operator
P.O. Box 1610, Midland, Texas 79702

9. Pool Name or Wildcat
Justis Blbry-Tubb-Dkrd

4. Well Locaztion

Unit Letter __M__ : __990__ Feet From The __South__ Line and __330__ Feet from The __West__ Line

Section __12__   Township __25S__   Range __37E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3111 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 [X]   ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]

(Other) _____ [ ]

12. Describe Proposed or completed Operation Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-2-93. RUPU. Press test csg to 500# for 30 min. Knock out CIBP at 5020 & push to 2nd CIBP at 5670. Knock out 2nd CIBP and push to 6040.
3-3-93   Drill & push plugs to 6171.
3-4-93   RIH w/CA: 2-3/8 tbg to 6120, rods & pump.
3-5-93   Replaced pump. RDPU.
         Blinebry-Tubb-Drinkard Perfs f/5088-6142.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE _Ken W. Gosnell_   TITLE Regulatory Coordinator   DATE 3-18-93

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

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE **MAY 10 1993**
CONDITIONS FOR APPROVAL, IF ANY: