

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 87504-2008**

WELL API NO.

30-025-22129

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

NMJ-540

7. Lease Name or Unit Agreement Name

South Justis Unit "E"

8. Well No.

13

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 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 OIL and GAS COMPANY

3. Address of Operator

P.O. Box 1610, Midland, Texas 79702

4. Well Location

Unit Letter L : 2310 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.)

3125 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) ☐

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

Propose to work over wellbore for South Justis Unit as follows:

1. POH w/CA.
2. DO cmt & CIBP @ 5700.
3. Clean out to 6152 PBD.
4. Run casing integrity test.
5. Add perforations and stimulate.
6. RIH w/CA.

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 8-17-93

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 \_\_\_\_\_

CONDITIONS FOR APPROVAL, IF ANY:

**AUG 19 1993**