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APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy. Minerals and Natural Resources Department

Form C-103

_ DATE_

MIP

District Office	Zhorgy, Williotaib and Matarai Me	sources Department		Kevised	1 1-1-89
DISTRICT I	OIL CONSERVATIO	N DIVISION			
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.		WELL API NO. 30-025-23928		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 8	7505	5. Indicate Type		FEE .
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		·	6. State Oil & G		
SUNDRY NOT	ICES AND REPORTS ON WELL	.S			
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C		7. Lease Name or Unit Agreement Name South Justis Unit "F"			
1. Type of Well: OIL GAS WELL X WELL	OTHER				
2. Name of Operator			8. Well No.		
ARCO Permian			17		
3. Address of Operator P.O. Box 1089 Eunice. NM 8	38231		9. Pool name of Justis Blir	Wildcat Nebry Tubb Drkd	
4. Well Location Unit Letter K : 2310	Feet From TheS	Line and19	93 Feet Fr	om The W	Line
Section 13	Township 25S Ran		NMPM	Lea	County
	10. Elevation (Show whether	r DF, RKB, RT, GR, etc 3087' GL	c.)		
11. Check Ap	propriate Box to Indicate N		Report, or	Other Data	
•	TENTION TO:	•	- ,	T REPORT C	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASIN	_е Г
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS	PLUG AND ABANE	r
PULL OR ALTER CASING		CASING TEST AND CE		FLOG AND ABAIN	ONNEN -
OTHER:		OTHER: Temporari			
12. Describe Proposed or Completed Ope	rations (Clearly state all pertinent detai	ils, and give pertinent da	tes, including esti	mated date of starting	any proposed
work) SEE RULE 1103.					
TD: 7040' PBD: 6414'	PERFS: 5090-6096" 7" CSG	@ 6638°			
	; pulling equipment, SION ng downhole equip. RIH w/bi	t & scraper. POH	I. RIH		
	CIBP @ 5040°. SION % KCL fresh wtr & pkr fluid	Pun MIT @ 500	nsi for		
	RT ATTACHED. POH w/tbg. W		/		
			. /		
		This Appears Abandonment	i Victoria Explores	120 J-23	3-200
					
I hereby certify that the information above is to	rue and complete to the best of my knowledge				
SIGNATURE FULLY, 7	THURSE THE	<u>Administrative</u>	<u>Assistant</u>	DATE12	2/22/98
TYPE OR PRINT NAME Kellie D. Mur	<u>rish</u>			TELEPHONE NO. 50	<u>5-394-1649</u>
• ,	el el <mark>ched BY</mark> Type Dali				: (3 3
APPROVED BY	.534P. I	ę		DATE	



