Submit 3 Copies to Appropriate District Office

APPROVED BY___

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OIL CONSERVATION DIVISION		Revised 1-1-89 WELL API NO.	
DISTRICT I				
O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. ISTRICT II Santa Fe, NM 87505		30-025-31736		
O. Drawer DD, Artesia, NM 88210	Santa Pe, NWI 67505		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO 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	
Type of Well: OIL GAS WELL WELL	OTHER T			
. Name of Operator			8. Well No.	
RCO Permian			240	
Address of Operator D. Box 1089 Eunice. NM 88231			9. Pool name or Wildcat JUSTIS BLINEBRY TUBB DRKD	
. Well Location Unit Letter E : 225	O Foot From The N	Line and 33	30 Feet From The W Line	
	250	275	1 PA	
	Township 25S Ran 10. Elevation (Show whether		NMPM LEA COUNTY	
	3075			
1. Check A ₁	ppropriate Box to Indicate N	lature of Notice,	Report, or Other Data	
NOTICE OF I	NTENTION TO:	SUE	SSEQUENT REPORT OF:	
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
ALL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
		OTHER:		
	porations (Clearly state all pertinent detail		ites, including estimated date of starting any proposed	
TD: 6080' PBO: 6029'	PERFS: 5023-5559° 5-1/2"	CSG SET # 6080'	(A)	
09/08/97: SET CIBP ● 5 09/09/97: ACIDIZE 5023	W/TBG & PKR. 'RIH W/BIT, SCI 595. PERF 5023-5043 (2 JSPF. -5559 W/4350 GALS 15% HCL. I SON HODEL VI PKR & 2-3/8" IPI	/18 TOTAL). RIH POH W/TBG & PPI T	W/PPI TOOL & TBG.	
hereby certify that the information above is	true and complete to the\ best of my knowledge	and belief.		
EGNATURE KLUIE W.	Menust mu	<u>Administrative</u>	Assistant DATE 09/16/97	
TYPE OR PRINT NAME KEILIE D. HU	•		TELEPHONE NO. 505-394-1649	
This space for State Use)				
ORIGINAL SIGNE	ED BY CHRIS WILLIAMS		e e e e e e e e e e e e e e e e e e e	

. TITLE ..

_ DATE ___

