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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

DISTRIGIT JULY LANSOR

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-31759 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEB X STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) South Justis Unit "E" Type of Well: GAS WELL WELL [OTHER Water Injection 2. Name of Operator 8. Well No. **ARCO Permian** 282 9. Pool name or Wildcat Justis Bly Tubb Drkd 3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240 Well Location Line and 330 Unit Letter E 1450 Feet From The N Feet From The W Line Range 37E Section 24 Township 25S NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3084' GR 3098' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK PLUG AND ABANDONMEN TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. TD: 6050' PBD: 6009'CIBP 5224' INJECTION INTERVAL: 3015-05/17/97: MIRUPU. POH w/2-3/8" tbg & pkr. SION. 05/19/97: Wedge Wireline set CIBP ⊕ 5224'. Dumped 10' cmt on top. No attempt to shut water off leaking by CIBP set @ 5240'. RIH w/pkr and IPB 2-3/8" tbg. Ran MIT. Chart attached. 51990, Microsoft Corp-05/17/97: MIRUPU. POH w/2-3/8" the & pkr. SIQN 45/19/974-Wedge Wireline set CIBP @ 5224'. ^field I hereby certify that the information above is true and complete to the best of my knowledge and belief, TIME Administrative Assistant <u>06/02/97</u> _ DATE . TYPEOR PRINT NAME Kelle D. Murrish 394-1649 TELEPHONE NO (This space for State Use) CONTRACTOR WILLIAMS

TITLE

DATE

