

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. 30-025-31759
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> other		7. Lease Name or Unit Agreement Name South Justis Unit "E"	
2. Name of Operator ARCO OIL and GAS COMPANY		8. Well No. 202	
3. Address of Operator P.O. Box 1610, Midland, Texas 79702		9. Pool Name or Wildcat Justis Blinbry-Tubb-Dkrd	
4. Well Location Unit Letter <u>E</u> : 1450 Feet From The <u>North</u> Line and <u>330</u> Feet from The <u>West</u> Line Section <u>24</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>Lea</u> County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3084 GR 3098 RKB			

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) Convert to water injection ☒

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 convert to water injection as follows:

1. POH w/CA.
2. RIH w/injection packer and 2-3/8 1 PC tbq.
3. Set pkr at 4950.
4. Fill annulus with treated brine water.

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 4-6-93

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

(This space for State Use)
ORIGINAL SENT BY JERRY SEXTON
DISTRICT SUPERVISOR

APR 13 1993

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS FOR APPROVAL, IF ANY: