State of New Mexico	Form C-103
Submit 3 Copies Energy, 1 rals and Natural Resources Department	Revised 1-1-89
to Appropriate District Office OH CONICEDIA THON DIVIDING	WELL API NO.
OIL CONSERVATION DIVISION	20.025.21760
P.O. Box 1980, Hobbs, NM 88240	30-025-31760
Santa Fe, New Mexico 87504-2008	5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210 DISTRICT HI	STATE FEE X 6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec. NM 87410	or state on a day beast 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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS)	South Justis Unit "F"
1. Type of Well: OIL GAS	- Sound Fabric Cint
WELL X WELL other 2. Name of Operator	
ARCO OIL and GAS COMPANY	8. Well No.
3. Adress of Operator	9. Pool Name or Wildcat
P.O. Box 1610, Midland, Texas 79702	Justis Blbry-Tubb-Dkrd
4. Well Locaztion	
Unit Letter N : 1150 Feet From The South Line and 2550	Feet from The West Line
	Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3071 GR	
Check Appropriate Box To Indicate Nature of Notice, Repor	t, or Other Data
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING CASING TEST AND CEMENT.	TO GOVERNO CHARLEST
(Other) (Other)	x
 Describe Proposed or completed Operation Clearly state all pertinent dates, including estimated date of starting work) SEE RULE 1103. 	any proposed
3-30-93. RUPU. POH w/CA. POH w/RBP at 5100. Set CIBP at 5100. Sqz'd perfs 4989-5 to 5100. Press test sqz to 500#. DO CIBP at 5100. DO cmt to 5782 & fell free. F 5965 w/11600 gals. Acid communicated w/sqzd perfs. RIH w/CA: 2-3/8 tbg, rods	Re-perf f/5110-5769 Acidized 5100-
2 3,0 tog, rous	æ pump to 3773. KDI O 4-3-73.
19 haraby cartify that the information above	
Hereby certify that the information above is true and complete to the best of my knowledge and belief	
SIGNATURE Ken CW Johneld TITLE Regulatory Coordin	ator 4-15-93
TYPE OR PRINT NAME Ken W. Gosnell	TELEPHONE (915) 688-5672
(This space for State Use)	
ORIGINAL SIGNING BY JERRY SEXTON	
APPROVED BY EXCLESS COURTERS SOME TITLE	APR 21 199 3
CONDITIONS FOR APPROVAL, IF ANY:	DATE