Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of N-w Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		-		MEA1	Bed 1-1-03
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO		
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210		30-025-31779 5. Indicate Type of Lease			
DISTRICT III				STATE [	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & C	ias 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		
1. Type of Well: Oll GAS WELL GAS WELL GAS	OTHER X				
2. Name of Operator ARCO Permilan			8. Well No.		
3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 1089 Eunice, NM 8	8231		JUSTIS BLIN	EBRY TUBB DRK	<u>D</u>
Unit Letter A : 990	Feet From The N	Line and 99	O Foot Fr	om The	Line
Section 26	Township 25S R.	ango 37E	NMPM	LEA	Courts
	10. Elevation (Show wheth		2.)		
11. Check Ap	propriate Box to Indicate		Report, or	Other Data	
	ITENTION TO:			<b>REPORT</b>	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CAS	ING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABA	NDONMENT [
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Openwork) SEE RULE 1103.	rations (Clearly state all pertinent det	ials, and give pertinent dat	es, including estin	nated date of starth	ng any proposed
TD: 6050' PBD: 5594'	PERFS: 5057-5584' 5-1/2	" CSG @ 6050"		<b>a</b>	
08/16/97: MIRUPU. POH W/TBG & PKR.				المن حي	
NATI WIVALL SONT LN. E C-3/O MUNASIAINS. PUR.					
	5584' W/4950 GALS 15% HCL			-3 FL/	CEIVED
	ING & PPI TOOLS. ON MODEL VI PKR & 2-3/8" I	PC TBG			₩ E
08/20/97: SET PKR # 4957	7. RUN HIT CHART ATTACHED.	•		HA D	D
2 TOOKS		12.837/m :	477.7	32 1T. REA	
I hereby certify that the information above is tru	se and complete to the best of my knowledge	s and belief.		··· <del>/ · · · · · · · · · · · · · · · · ·</del>	
SIGNATURE KULLE W. 47	Weenst m	Administrative /	Ssistant	DATE	9/02/97
TYPE OR PRINT NAME Kelle D. Mury	<u> 1sh</u>			TELEPHONE NO. 50	) <del>5-394-1649</del>
ORIGIAN PIGNED BY (This space for State Use) LIST FROM I SUF	Official WILLIAMS				
APPROVED BY	TITL	LE		DATE	000