

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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 87504-2088

WELL API NO. 30-025-31779
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 TO 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT"D"
2. Name of Operator ARCO Permian	8. Well No. 230
3. Address of Operator P.O. BOX 1610, MIDLAND, TX 79702	9. Pool name or Wildcat JUSTIS BLBRY-TUBB-DKRD
4. Well Location Unit Letter A : 990 Feet From The NORTH Line and 990 Feet From The EAST Line Section 26 Township 25S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3064 GR	

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CONVERT TO INJECTION** ☒

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.

08-21-95.RUPU.POH W/RODS & TBG.RIH W/2 3/8 IPC TBG & PKR SET @ 4988. CIRC HOLE W/9# TBW. RAN CSG INTEGRITY TEST TO 500# FOR 30 MIN.RDPU 08-22-95.

**INJECTION INTERVAL 5088-5990
R-9747**

JD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Ken W. Gosnell* TITLE **AGENT** DATE **08-29-95**

TYPE OR PRINT NAME **Ken W. Gosnell** TELEPHONE NO. **915 688-5672**

(This space for State Use)

APPROVED BY **DISTRICT SUPERVISOR** TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JCSN

CP

