

Submit 3 Copies  
to Appropriate  
District Office

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2008

**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

WELL API NO.

30-025-31779

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Justis Unit "D"

8. Well No.

230

9. Pool Name or Wildcat

Justis Blinbry-Tubb-Dkrd

**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 ☒

GAS

WELL ☐

other

2. Name of Operator

ARCO OIL and GAS COMPANY

3. Address of Operator

P.O. Box 1610, Midland, Texas 79702

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

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) ☒

12. Describe Proposed or completed Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-22-93. RUCU. DO DV tool at 3250. DO 20' cmt to 6009. Ran CBL f/6009-4000. Perf f/5088-5990. A perfs 5717-5990 w/5000 gals. A perfs 5474-5691 w/9000 gals. A perfs 5280-5691 w/10,000 gals. A perf 5090-5261 w/6000 gals. RIH w/CA: 2-3/8 tbg, pump & rods to 5987. RDCU 2-26-93.

3-05-93. In 24 hrs pumped 15 BO, 8 BW, 42 MCF.

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 3-10-93

TYPE OR PRINT NAME Ken W. Gosnell

TELEPHONE (915) 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS FOR APPROVAL, IF ANY:

DATE

MAR 25 1993