

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 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-31780

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☐

GAS
WELL ☐

OTHER ☒

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

8. Well No.

E-230

9. Pool name or Wildcat

JUSTIS BLINEBRY TUBB DRKD

4. Well Location

Unit Letter D : 890 Feet From The N Line and 340 Feet From The W Line

Section 25 Township 25S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3081' KB. 3065' GL

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: ☐

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.

TD: 6050' PBD: 6006' PERFS: 5033-5926' 5-1/2" CSG @ 6050'

1. MIRUPU. POH W/TBG & PKR.
2. RIH W/BIT, SCRAPER, & 2-3/8" WORKSTRING. POH
3. SET CIBP @ 5565'. PERF 5010-5025' (2 JSPF/16 TOTAL)
4. RIH W/PPI TOOL & TBG.
5. ACIDIZE 5010-5543' W/2450 GALS 15% HCL
6. POH W/TBG & PPI TOOLS
7. RIH W/GUIBERSON MODEL VI PKR AND 2-3/8" IPC TBG.
8. SET PKR @ APPROX 4950'. RUN MIT.

EST START DATE: 08/20/97

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 08/05/97

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

Signed by
Kautz
List

APPROVED BY _____ TITLE _____ DATE AUG 21 1997

CONDITIONS OF APPROVAL, IF ANY: