

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. <b>30-025-31828</b>
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 <b>WATER INJECTION</b>	7. Lease Name or Unit Agreement Name <b>SOUTH JUSTIS UNIT"E"</b>
2. Name of Operator <b>ARCO Permian</b>	8. Well No. <b>210</b>
3. Address of Operator <b>P.O. BOX 1610, MIDLAND, TX 79702</b>	9. Pool name or Wildcat <b>JUSTIS BLBRY-TUBB-DKRD</b>
4. Well Location Unit Letter <b>L</b> : <b>2500</b> Feet From The <b>SOUTH</b> Line and <b>150</b> Feet From The <b>WEST</b> Line Section <b>24</b> Township <b>25S</b> Range <b>37E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3083 GR</b>	

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.

**08-23-95.RUPU.POH W/RODS & TBG.RIH W/2 3/8 IPC TBG & PKR SET @ 4990. CIRC HOLE W/9# TBW. RAN  
CSG INTEGRITY TEST TO 500# FOR 30 MIN.RDPU 08-24-95.**

**INJECTION INTERVAL 5043-5978  
R-9747**

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 Paul W. Smith TITLE Geologist DATE           

CONDITIONS OF APPROVAL, IF ANY:

T/R A

df

