

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-31860
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT E
8. Well No. 190
9. Pool name or Wildcat JUSTIS BLINEBRY TUBB DRKD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3104' KB, 3090' GL

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>
2. Name of Operator ARCO Permian
3. Address of Operator P.O. Box 1089 Eunice, NM 88231
4. Well Location Unit Letter <u>D</u> : <u>200</u> Feet From The <u>N</u> Line and <u>150</u> Feet From The <u>W</u> Line Section <u>24</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3104' KB, 3090' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Pressure Test</u> <input checked="" type="checkbox"/>	

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: 5560' PERFS: 5025-5556' 4-1/2" CSG @ 6050'

01/12/00: Pressure tested to 560#, held 30 mins. OK. Chart attached.

Pressure test conducted in accordance with NMOC Division Order No. R-9747 to
reinstate authority to inject.

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 01/20/00
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY
[Signature]
[Signature]

APPROVED BY _____ TITLE _____ DATE JAN 27 2000

CONDITIONS OF APPROVAL, IF ANY: