

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-31860

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.)

7. Lease Name or Unit Agreement Name
SOUTH JUSTIS UNIT E

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
ARCO Permian

8. Well No.
190

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat
JUSTIS BLINEBRY TUBB DRKD

4. Well Location
Unit Letter **D** : **200** Feet From The **N** Line and **150** Feet From The **W** Line
Section **24** Township **25S** Range **37E** 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
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER:

ALTERING CASING
PLUG AND ABANDONMENT

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: 6020' PERFS: 5113-5933' 4-1/2" CSG @ 6050'

MIRUPU. POH W/TBG & PKR.
RIH W/BIT, SCRAPER, & 2-3/8" WORKSTRING. POH.
SET CIBP @ 5560'. PERF 5025-5096' (2 SPF/32 TOTAL)
RIH W/PPI TOOL & TBG.
ACIDIZE 5025-5556' W/4600 GALS 15% HCL.
POH W/TBG & PPI TOOLS.
RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG.
SET PKR @ APPROX 4975'. RUN MIT.

EST. START DATE 10/06/97

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 10/07/97

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 15 1997