State of New Mexico Form C-103 Energy, erals and Natural Resources Department Revised 1-1-89 Submit 3 Copies to Appropriate WELL API NO. District Office OIL CONSERVATION DIVISION 30-025-31860 DISTRICT I P.O Box 2088 P.O. Box 1980, Hobbs, NM 88240 Indicate Type of Lease Santa Fe, New Mexico 87504-2008 Х STATE FEE P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (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) South Justis Unit "E" 1. Type of Well: OIL GAS X WELL. other WELL 2. Name of Operator Well No. 190 ARCO OIL and GAS COMPANY 3. Adress of Operator Pool Name or Wildcat Justis Blinebry-Tubb-Dkrd P.O. Box 1610, Midland, Texas 79702 4. Well Locaztion Unit Letter D = 200 Feet From The North 150 Feet from The West Line and ___ Line Township 25S **NMPM** Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3090 GR 1 1 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB PULL OR ALTER CASING (Other) (Other) Describe Proposed or completed Operation Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103 TD 7-7/8 hole at 6050, 3-4-93. Ran OH logs. Ran 4-1/2 10.5# csg to 6050. Cmt'd w/1275 sx Super "C" w/1/2% thrifty lite + 1/4# CS (yld 2.22) followed by 300 sx "C" w/12# CSE + 1# WL-IP + 3/10% CF-2 + 1/4# CS + 3# Hi-seal (yld 1.83). Circ 90 sx to surf. RR 3-6-93. 3-15-93. RUCU. DO cmt f/5865-6020 PBD. Perf f/5113-5933. A 5863-5993 w/8000 gals. A 5581-5841 & 5321-5556 w/18,000 gals. A 5113-5297 w/7500 gals. RIH w/CA: 2-3/8 tbg, rods & pump to 5989. RDCU 3-19-93. 3-26-93. In 24 hrs pmpd 10 BO, 40 BW, 40 MCF.

(This space for State	Use) Orig. Signed by				ADD Am w
TYPE OR PRINT NAME	Ken W. Gosnell		TELEPHO	NE	(915) 688-5672
SIGNATURE Ken	wsosnelf	TITLE _	Regulatory Coordinator	DATE	4-1-93
, ,	information above is true and complete t	o the best of my	knowledge and belief		

Geologian's

APK 07 1993

DATE

APPROVED BY TITLE . CONDITIONS FOR APPROVAL, IF ANY:

CATO HOBBS Device

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