

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.

30-025-31862

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 **WATER INJECTION**

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. BOX 1610, MIDLAND, TX 79702

7. Lease Name or Unit Agreement Name

SOUTH JUSTIS UNIT"E"

8. Well No.

222

9. Pool name or Wildcat

JUSTIS BLBRY-TUBB-DKRD

4. Well Location

Unit Letter **M** : **1310** Feet From The **SOUTH** Line and **1310** Feet From The **WEST** Line

Section **24**

Township **25S**

Range **37E**

NMPM

LEA County

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

3072 GR

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.

**09-04-95.RUPU.POH W/RODS & TBG.RIH W/2 3/8 IPC TBG & PKR SET @ 5046. CIRC HOLE W/9# TBW. RAN
CSG INTEGRITY TEST TO 500# FOR 30 MIN.RDPU 09-05-95.**

INJECTION INTERVAL 5092-5948

R-9747 amendment dated 01-11-93

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 **09-20-95**

TYPE OR PRINT NAME **Ken W. Gosnell**

TELEPHONE NO. **915 688-5672**

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 25 1995

100-7-10



