

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 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><b>30-025-31863</b>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><b>SOUTH JUSTIS UNIT</b>                                    |
| 8. Well No.<br><b>E-220</b>                                                                         |
| 9. Pool name or Wildcat<br><b>JUSTIS BLINEBRY TUBB DRKD</b>                                         |

|                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>                                                                      |  |
| 2. Name of Operator<br><b>ARCO Permian</b>                                                                                                                                                             |  |
| 3. Address of Operator<br><b>P.O. Box 1089 Eunice, NM 88231</b>                                                                                                                                        |  |
| 4. Well Location<br>Unit Letter <b>H</b> : <b>80</b> Feet From The <b>S</b> Line and <b>300</b> Feet From The <b>W</b> Line<br>Section <b>24</b> Township <b>25S</b> Range <b>37E</b> NMPM LEA County  |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>3069' GR</b>                                                                                                                                  |  |

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 checked="" 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: <input 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: 5530' PERFS: 5016-5503' 4-1/2" CSG @ 6050'

08/11/97: MIRUPU. POH W/TBG & PKR.

08/12/97: RIH W/BIT, SCRAPER, & 2-3/8" WORKSTRING. POH

08/13/97: SET CIBP @ 5530'. PERF 5016-5073 (2 JSPF/42 TOTAL)

08/14/97: ACIDIZE 5016-5503' W/4050 GALS 15% HCL AND PPI TOOL. POH W/WORKSTRING & PPI TOOL.

RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG.

08/15/97: SET PKR @ 4930'. RUN MIT. CHART ATTACHED

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 08/22/97

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

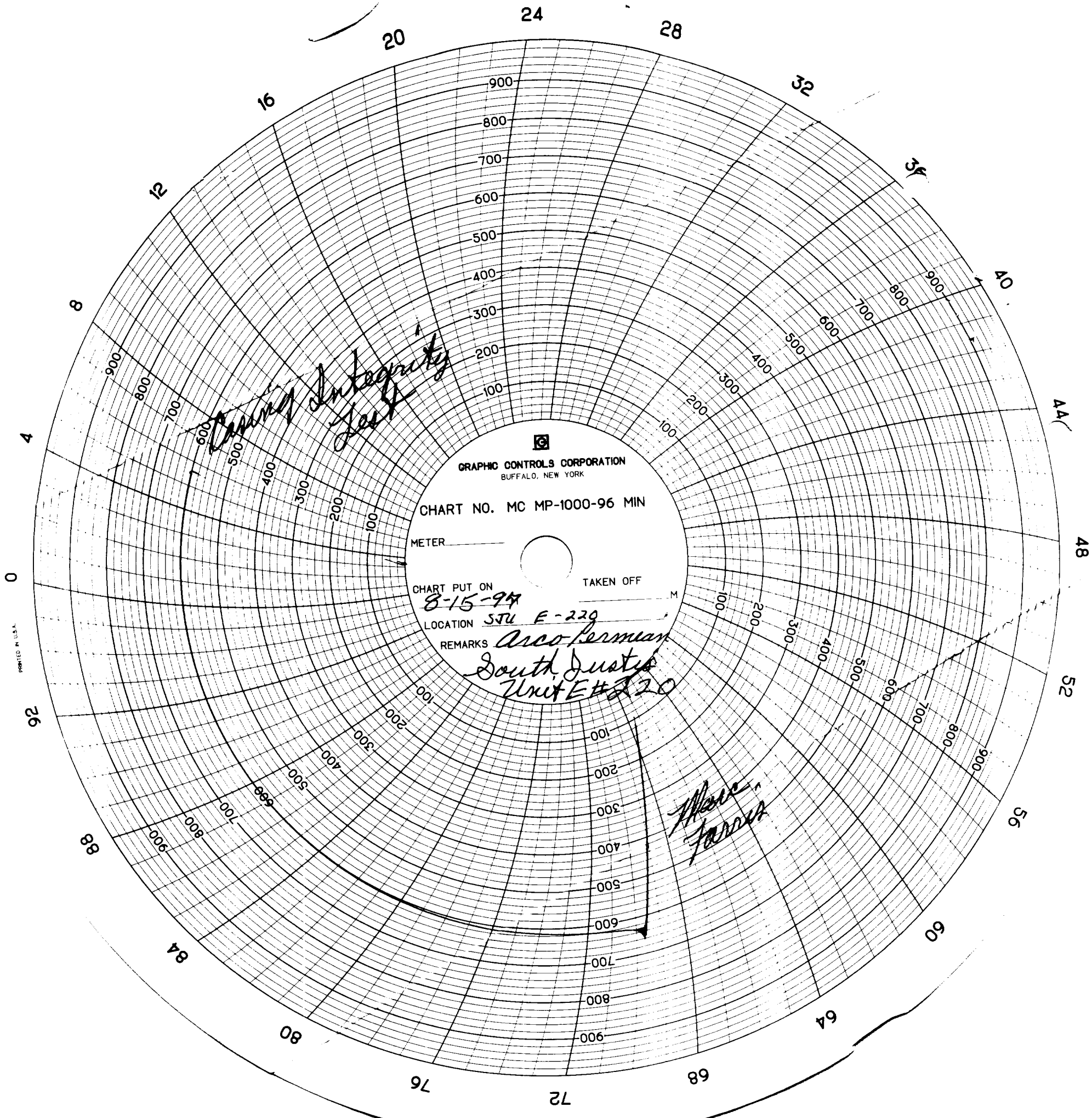
(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

3187



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

CHART NO. MC MP-1000-96 MIN

METER

CHART PUT ON

8-15-94

TAKEN OFF

LOCATION

STU E-220

REMARKS

Arco Permain  
South Justice  
Unit E#220

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