

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.
30-025-31863

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 ☒

2. Name of Operator
ARCO Permian

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

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

8. Well No.
E-220

9. Pool name or Wildcat
JUSTIS BLINEBRY TUBB DRKD

4. Well Location
Unit Letter **M**: **80** Feet From The **S** Line and **300** Feet From The **W** Line
Section **24** Township **25S** Range **37E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3069' 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: ☐

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: 5086-5938' 4-1/2" CSG @ 6050'

1. MIRUPU. POH W/TBG & PKR.
2. RIH W/BIT, SCRAPER, & 2-3/8" WORKSTRING. POH
3. SET CIBP @ 5530'. PERF 5016-5073 (2 JSPF/42 TOTAL)
4. ACIDIZE 5016-5503' W/4050 GALS 15% HCL AND PPI TOOL
5. POH W/WORKSTRING & PPI TOOL
6. RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG.
7. SET PKR @ APPROX 4966'. RUN MIT.

ESTIMATED START DATE: 08/11/97

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 **08/05/97**

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

(This space for State Use)

Orig. Signed by
Paul Kautz
District

AUG 21 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: