_	State of New Mexi		. *	Form C-103	
Submit 3 Copies	ergy, N rais and Natural Re	sources Department		Revised 1-1-89	
to Appropriate District Office	OIL CONCEDUATION:	DIVICION	WELL API NO.		
OIL CONSERVATION DIVISION			30-025-3186	4	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box 2088 Santa Fe, New Mexico 87504-2008			5. Indicate Type	<u> </u>	
DISTRICT II	Sama re, New Mexico 87.	304-2006	,,,,,		
P.O. Drawer DD, Artesia, NM 88210			6. State Oil & Ga		
DISTRICT III 1900 Rio Brazos Rd., Aztec, NM 874	310				
	TICES AND REPORTS		7 Loose Nome o	r 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"			/. Lease Name o	r Unit Agreement Name	
	M C-101) FOR SUCH PROPOSA	ALS)	South Justi	s Unit "D"	
1. Type of Well: OIL G	ias —				
WELL 2. Name of Operator	vell other				
ARCO OIL and GAS COMPA	. KIV		8. Well No. 232		
3. Adress of Operator				Wildoot	
P.O. Box 1610, Midland, Texas 79702				9. Pool Name or Wildcat Justis Blbry-Tubb-Dkrd	
4. Well Locaztion					
Unit Letter <u>A</u> :	140 Feet From The North	h Line and	1175 Feet from The	East Line	
Section 26	Taumahia 250 /	27E	NIMPAN I		
Section 20		Range 37E whether DF, RKB, RT, GI	NMPM Lea	County	
	3070 GR	whomer or , rind, rir, di	1, 0.0.7		
11.	Check Appropriate Box To I	ndicate Nature of Notice	, Report, or Other Data		
	INTENTION TO:		SUBSEQUENT RE	DODT OF	
		DEMEDIAL MORK	[
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		NG CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
(Other)		(Other)			
12. Describe Proposed or completed Oper	ration/Clearly state allpertinent date	es, including estimated date of	f starting any proposed		
work) SEE RULE 1103.					
Spud 12-1/4, 4-15-93. TD'd at 1	025. Ran 8-5/8 24# csg to 10	005. Cmt'd w/570 sx P	SL 65/35 + 2% CC + 1/4	# CS (vld 1 86)	
followed by 200 sx C + 2% CC	(yld 1.33). Circ cmt to surf.				
1000# for 30 min. DA w/7-7/81	bit.			J	
18 hereby certify that the information a	hous is true and somelets to the	hast of my knowledge and	haliaf		
SIGNATURE X-en-Cu) Llo		•			
SIGNATURE LONG WO	mely	TITLE Regulatory (DATE	4-20-93	
12 111 2	Na W			(045) 000 5070	
TYPE OR PRINT NAME Ken W. G			TELEPHONE	(915) 688-5672	
(This space for State Use) ()rig.	Signed by				
	l Kautz ologisti			APR 2 6 1993	
APPROVED BY		TITLE		DATE	

CONDITIONS FOR APPROVAL, IF ANY: