

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
1090 Rio Brazos Rd., Artec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-31866

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

South Justis Unit "C"

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No.
192

3. Address of Operator
P. O. Box 1610, Midland, Texas 79702

9. Pool name or Wildcat
Justis Blbry-tubb-Dkrd

4. Well Location
Unit Letter B : 1275 Feet From The North Line and 2350 Feet From The East Line

Section 23 Township 25S Range 37E NMPM Lea County

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

3087 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.

Spud 12-1/4" hole 1-30-93. TD'd at 975'. Ran 8-5/8 24# csg to 975. Cmt'd w/230 sx PSL "C" w/6% gel + 2% CC + 1/4# FC (12.7 ppg, 1.86 yld) followed by 200 sx "C" w/2% CC + 1/4# FC (1.48 ppg, 1.32 yld). Circ 42 sx to surf. WOC 10-1/2 hrs. Est compressive strength 1500#. Press test csg to 1000# for 30 min. DA w/ 7-7/8 bit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken W. Gosnell TITLE Regulatory Coordinator DATE 2-3-93

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE NO. 915/688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 08 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 05 1993

OCD HORBS OFFICE