

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-31868

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

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

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

8. Well No.
190

4. Well Location
Unit Letter C : 160 Feet From The N Line and 1330 Feet From The W Line

Section 24 Township 25S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3097- KB. 3083' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
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: 6150' PBD: 5515' PERFS: 5011-5486' 4-1/2" CSG @ 6150'

11/04/97: MIRUPU. POH W/TBG & PKR.

11/05/97: RIH W/BIT, SCRAPER, & 2-3/8" WORKSTRING. POH. SET CIBP @ 5515'.
PERF 5011-5091' (2 JSPF/32 TOTAL). RIH W/PPI TOOL & TBG.

11/06/97: ACIDIZE 5011-5486' W/4950 GALS 15% HCL. POH W/TBG & PPI TOOLS.
RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG.

11/07/97: SET PKR @ 4949'. 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 12/01/97

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:

DEC 05 1997

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PRINTED IN U.S.A.

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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000-96 MIN
CHART PUT ON 11-4-97
LOCATION F#190
REMARKS

METER
TAKEN OFF

Joe Penman
South
Buffalo

