

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
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-31938
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-032650-B
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
8. Well No. G190
9. Pool name or Wildcat JUSTIS BLY TUBB DRKD

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 Water Injection

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location
Unit Letter **B** : **1090** Feet From The **N** Line and **2455** Feet From The **W** Line
Section **24** Township **25S** Range **37E** **NMPM LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3077' 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: **INJECTION PROFILE IMPROVEMENT** ☒

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.

**PROPOSE TO SET CIBP @ 5530' TO ISOLATE THE LOWER INJECTION INTERVAL AND ADD BLINEBRY INTERVAL.
4997-5089'. ALL PERFORMATIONS WILL BE ACIDIZED.**

~~E-Field Administrative Assistant~~

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

SIGNATURE *Kelcie D. Murrish* TITLE *Admin Asst* DATE *Kelcie D. 05-02-97*

TYPE OR PRINT NAME *Murrish, Kelcie D* TELEPHONE NO. **394-1649**

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **12 1997**

CONDITIONS OF APPROVAL, IF ANY: