Form 3160-5

UNITED STATES

N. Oil Cons

PORM APPROVED

1. Type of Well Oil Gas X Ott 2. Name of Operator ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice	SUBMIT IN TR	ORTS ON WELLS epen or reentry to a differ - " for such proposals	rent reservoir.		be Name	
1. Type of Well Oil Gas X Ott 2. Name of Operator ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice	oposals to drill or to de LICATION FOR PERMIT SUBMIT IN TR	epen or reentry to a differ - " for such proposals	rent reservoir.	C-032650-B 6. If Indian, Allottee or Tril 7. If Unit or CA, Agreemen	be Name	
1. Type of Weil Oil Gas X Ott Ott Gas Ott	SUBMIT IN TR	- " for such proposals	rent reservoir.	7. If Unit or CA, Agroomen		
1. Type of Well Oil Gas X Ott 2. Name of Operator ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice	SUBMIT IN TR				nt Designation	
2. Name of Operator ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice		IPLICATE			nt Designation	
2. Name of Operator ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice	er			7. If Unit or CA, Agreement Designation NMNM87877X		
2. Name of Operator ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice	er		-	8. Well Name and No.		
ARCO Permian 3. Address and Telephone No. P.O. Box 1089, Eunice	2. Name of Operator				G-210	
P.O. Box 1089, Eunice			<u> </u>			
	•				9. API Well No. 30-025-31964	
	P.O. Box 1089, Eunice, NM 88231 505-394-1649				10. Field and Pool, or exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				JUSTIS BLY TUBB DRKD		
UNIT LETTER J, 1400 FS	SL & 1450 FEL					
SEC. 24-25S-37E			1	11. County or Parish, State		
OUEDWARE					NM	
12. CHECK APPROP	PRIATE BOX(s) TO IN	IDICATE NATURE OF N	OTICE, REPORT, OR	OTHER DATA		
TYPE OF SUBMISSIO	N		TYPE OF ACTION			
Notice of Intent		Abandonment		Change of Plans		
		Recompletion	Ĭ	New Construction		
Subsequent Report		Plugging Back	Ĭ	Non-Routine Fracturin		
		Casing Repair	Ĭ	Water Shut-Off	щ	
Final Abandonment Notice		Altering Casing	Ĩ	Conversion to Injection	_	
			PERFS & TREAT	Dispose Water	_	
				(Note: Report smalts of multiple Completion or Recompletion Re	completion on V	
Describe Proposed or Completed Opera- give subsurface locations and r	ions (Clearly state all pertinent de neasured and true vertical depths f	stails, and give pertinent dates, including or all markers and zones pertinent to the	ng estimated date of starting any his work.)*	y proposed work. If well is	directionally d	
TD: 6050' PBD: 6007	PERFS: 5084-5948	", 4-1/2" CSG SET 0 60	50*	图 图 对		
4				THE SELVE		
1. RUPU. POH W/TBG &				三 ラ		
2. SET CIBP APPROX 55				- 11		
	5 (2 JSPF, 50 PERFS)					
5. RIH W/PKR & TBG.	-5503' W/15% HCL & P	PI IUUL BIN MIT				
J. KIII HIFKK & IBG.	DET PAR APPRUA 4909	. KUN MII.		フローラフ	j	
EST. START DATE 07/28/9	97					
	•			0 - 0		

Munual Title Administrative Assistant (This space for Federal or State office use)
Approved by (URIG. SGD.) DAVID R. GLASS PETROLEUM ENGINEER Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.