

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.

30-025-31983

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

8. Well No.

170

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

Justis Bly Tubb Drkd

4. Well Location

Unit Letter K : 2250 Feet From The S Line and 1365 Feet From The W Line

Section 13 Township 25S Range 37E NMPM Lea County

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

3081' 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 Operation. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. SEE RULE 1103.

TD: 6050' PBD: 6004' PERFS: 5009-5964' KB: 3095' GL: 3081' 4-1/2" CSG @ 6050'

11/10/99: MIRUPU. POH w/tbg & pkr. RIH w/bit & scrpaer. POH.

11/11/99: Perf 5009-5096, 13 shots. RIH w/pkr & tbg. Acidize all perfs w/2000 gals 15% NEFE.
POH w/pkr & tbg.

11/12/99: RIH w/pkr & tbg. Set pkr @ 4984'. Circ pkr fluid. Run MIT Chart Attached.
Return to injection.

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

SIGNATURE

Kellie D. Murriish

TITLE Administrative Assistant

DATE 12/02/99

TYPE OR PRINT NAME Kellie D. Murriish

TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY
GAIL WORTH
RECEIVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

CS

