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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DATE

District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. 2040 Pacheco St. P.O. Box 1980, Hobbs NM 88241-1980 30-025-31985 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE L DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SOUTH JUSTIS UNIT F 1. Type of Well: GAS WELL 🗌 WELL [OTHER X \$. Well No. 2. Name of Operator 240 ARCO Permian 3. Address of Operator 9. Pool name or Wildcat JUSTIS BLINEBRY TUBB DRKD P.O. Box 1089 Eunice, NM 88231 4. Well Location 1500 2500 Line and Foot From The Line Unit Lotter Feet From The LEA **25S** NMPM Cownship 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3072' KB 3058' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: 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. 4998-5542' 4-1/2" CSG SET @ 6050' PERFS: PBD: 6006' TD: 6050° MIRUPU. POH W/TBG & PKR. RIH W/BIT, SCRAPPER, & 2-3/8" WORKSTRING. POH. SET CIBP @ 5565. PERF 4998-5051' (2 JSPF/44 TOTAL). RIH W/PPI TOOL & TBG. 09/10/97: 09/11/97: ACIDIZE 4998-5542 W/3700 GALS 15% HCL. POH W/TBG & PPI TOOLS. RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG. SET PKR @ 4908'. 09/12/97: information above is true and complete to the best of my knowledge and belief. I hereby certify th TITLE Administrative Assistant 09/16/97 505-394-1649 TYPE OR PRINT NAME Kellie D. TELEPHONE NO. (This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS -3.1 17

TITLE

DISTRICT I SUPERVISOR

