Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office		oromoto 2 oparazont		Revi	sed 1-1-89	
DISTRICT I	OIL CONSERVATIO	<u></u>				
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-025-31985			
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type		FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & G	<del></del>		
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.)			7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT F			
1. Type of Well: OIL GAS WELL WELL	OTHER X		000111 00012	o only		
2. Name of Operator ARCO Permian				8. Well No. 240		
3. Address of Operator				9. Pool name or Wildcat JUSTIS BLINEBRY TUBB DRKD		
4. Well Location Unit Letter F : 2500	O Feet From The N	Line and 150	00 5.5.	om The	1	
Onk Leust	Peet From The	Line and	reet Fr	om The	Line	
Section 25	Township 25S Rar		NMPM	LEA	County	
	10. Elevation (Show whether	r DF, RKB, RT,  GR, etc '2' KB    3058'  GL	·.)			
11. Check Ap	propriate Box to Indicate I		Report, or	Other Data		
-	NTENTION TO:	•	-	REPORT	OF:	
PERFORM REMEDIAL WORK						
PERFORM REMEDIAL WORK LA.	PLUG AND ABANDON :	REMEDIAL WORK		ALTERING CAS	ing ∟	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				NDONMENT _	
PULL OR ALTER CASING		MENT JOB				
OTHER:		OTHER:				
RIH W/PPI TOOL & TBG. ACIDIZE 4998-5542 W/3700 POH W/TBG & PPI TOOLS. RIH W/GUIBERSON MODEL VI SET PKR @ APPROX 4950'. EST START DATE 09/01/97	PERFS: 5070-5956' 4-1/2" R. 2-3/8" WORKSTRING. POH. 1998-5051' (2 JSPF/44 TOTAL) O GALS 15% HCL. I PKR & 2-3/8" IPC TBG. RUN HIT.	CSG SET ● 6050'	es, including estin	nated date of starti	ng any proposed	
I hereby certify that the differention above is to						
SIGNATURE SIGNATURE SIGNATURE	Muses mu	Administrative /	Assistant	DATE	18/27/97	
TYPE OR PRINT NAME Kellie D. Mur	rish			TELEPHONE NO. 50	5-394-1649	
(This space for State Use) ORIGINAL SIGNED BY	CHHIS WILLIAMS					
DISTRICT I SU	PERVISOR.	8		DATE	A decrease	

/W/