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 1-1-89

District Office OIL CONSERVATION DIVISION **DISTRICT I** WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-31988 DISTRICT II Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artosia, NM 88210 FEE 🗌 STATE LX 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 1. Type of Well: GAS WELL WELL 🗌 OTHER X 2. Name of Operator 8. Well No. G-240 ARCO Permian 9. Pool name or Wildcat 3. Address of Operator JUSTIS BLINEBRY TUBB DRKD P.O. Box 1089 Eunice. NM 88231 4. Well Location 2450 2150 Unit Letter Feet From The Foot From The Line LEA 25 NMPM Township County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3073' KB. 3059' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: ALTERING CASING PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** 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. PERFS: 4972-5447' 4-1/2" CSG SET @ 6050' 6050° PBD: POH W/TBG & PKR. RIH W/BITR, SCRAPER, & 2-3/8" WORKSTRING. POH 09/13/97: SET CIBP @ 5465'. PERF 4972-5074' (2 JSPF/50 TOTAL). RIH W/PPI TOOL & TBG. 09/15/97: ACIDIZE 4972-5447' W/2500 GALS 15% HCL. POH W/TBG & PPI TOOLS. RIH W/ 09/16/97: GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG. SET PKR @ 4876'. RUN MIT. CHART WAS ERRONEOUSLY SUBMITTED WITH SJU H-240 09/17/97: SUBSEQUENT C-103 DTD 09/22/97. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assistant 09/30/97 TELEPHONE NO. (This space for State Use) DISTRICT I SUPERVISOR

TITLE

