State of New Mexico	Form C-103
Submit 3 Copies Energy, Mine and Natural Resources Department	Revised 1-1-89
to Appropriate District Office OH CONCEDVATION DIVISION	WELL API NO.
OIL CONSERVATION DIVISION	30-025-31988
P.O. Roy 1980 Hobbs, NM 88240	5. Indicate Type of Lease
DISTRICT II	
P.O. Drawer DD, Artesia, NM 88210	STATE FEE A
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	or other on a sub boase (v).
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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) 1. Type of Well:	South Justis Unit "G"
OIL GAS	
WELL WELL other 2. Name of Operator	8. Well No.
ARCO OIL and GAS COMPANY	240
	9. Pool Name or Wildcat
P.O. Box 1610, Midland, Texas 79702	Justis Blbry-Tubb-Dkrd
4. Well Locaztion	
Unit Letter <u>G</u> : <u>2150</u> Feet From The <u>North</u> Line and <u>2450</u>	Feet from The <u>East</u> Line
0.000 05 7.0000 050 0 075	
Section 25 Township 25S Range 37E NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	Lea County
3059 GR	
Check Appropriate Box To Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO:	EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	X PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JO	OB
(Other)	
12. Describe Proposed or completed Operation(Clearly state all pertinent dates, including estimated date of starting a work) SEE RULE 1103.	my proposed
9-3-93. Spud 12-1/4 hole. TD'd @ 994. Ran 8-5/8 24# csg to 994. Cmt'd w/570 sx PSL "C" -	
265 sx "C" + 2% CC. Circ cmt to surf. WOC 11-3/4 hrs. Est comp strength 1750#. Press test	csg to 1200# for 30 min. DA w/7-7/8 bit.
If hereby certify that the information above is true and complete to the best of my knowledge and belief	
18 hereby certify that the information above is true and complete to the best of my knowledge and belief	0.0.03
18 hereby certify that the information above is true and complete to the best of my knowledge and belief SIGNATURE FOR SIGNATURE TITLE AGENT	DATE 9-9-93
1/ 0 10	DATE 9-9-93 TELEPHONE (915) 688-5672
SIGNATURE RON SOSTALL TITLE AGENT	(015) 699 5670
SIGNATURE KEN W. GOSNEII TYPE OR PRINT NAME KEN W. GOSNEII	(015) 699 5670
TYPE OR PRINT NAME Ken W. Gosnell (This space for State Use)	TELEPHONE (915) 688-5672

SEP 1. 0 1993

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