

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2008

WELL API NO. 30-025-32020
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Justis Unit WSW
8. Well No. 2
9. Pool Name or Wildcat San Andres

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> other <u>Water Supply Well</u>	2. Name of Operator ARCO OIL and GAS COMPANY
3. Address of Operator P.O. Box 1610, Midland, Texas 79702	4. Well Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet from The <u>West</u> Line Section <u>23</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3092 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 dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-23-93. Spud 20" hole. TD'd @ 994. RIH w/16" 75# csg to 994. Cmt'd w/645 sx PSL "C" + 2% CC + 1/4# CS (yld 1.89) followed by 365 sx "C" + 2% CC (yld 1.32). Circ cmt to surf. WOC 16 hrs. Est comp strength 1650#. Press test csg to 1000# for 30 min. DA w/14-3/4 bit.

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

SIGNATURE Johnny Shields TITLE Team Leader DATE 9-28-93
TYPE OR PRINT NAME Johnny E. Shields TELEPHONE (915) 688-5672

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE OCT 04 1993
CONDITIONS FOR APPROVAL, IF ANY:

RECEIVED

DEC 03 1993

NOB HUBBS
OFFICE