

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Lease Designation and Serial No.

LC-060943

Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
ARCO Oil and Gas Company

3. Address and Telephone No.
P. O. Box 1610, Midland, Texas 79702-1610

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2250' FSL & 1050' FEL (Unit Letter I)
Sec. 14-25S-37E

5. Well Name and No.
South Justis Unit "D" #170

6. API Well No.
30-025-32072

7. Field and Pool, or Exploratory Area
Justis Blbry-Tubb-Dkrd

8. Country or Parish, State
Lea

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☐ Other

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☒ Conversion to Injection
- ☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Propose to convert to water injection as follows:

1. POH w/CA
2. RIH w/water injection CA: 2-3/8 IPC tbg & pkr.
3. Run csg integrity test

RECEIVED
FEB 2 11 18 AM '94
CARLOS
AREA HEADQUARTERS

Subject to
Approval

14. I hereby certify that the foregoing is true and correct

Signed Kenneth L. Gossnell

Title Agent

Date 1-31-94

(This space for Federal or State office use)

Approved by [Signature]
Conditions of approval, if any:

Title Deputy Assistant Commissioner

Date 2/15/94

RECEIVED

1961
DELOSERS
OFFICE

Submit 5 Copies
Albuquerque 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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO Oil & Gas Company Well API No. 30-025-32072

Address
Box 1610, Midland, TX 79702

Reason(s) for Filing (Check proper box) ☒ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain):

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Justis Unit "D" Well No. 170 Pool Name, including Formation Justis Blbry-Tubb-Dkrd Kind of Lease State/Federal Fee LC-060943
Location Unit Letter I 2250 Feet From The South Line and 1050 Feet From The East Line
Section 14 Township 25-S Range 37E NMPM. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 74102
Sid Richardson Gasoline/Texaco E&P Co. Box 1226, Jal NM 88292/Box 3000, Tulsa, OK
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When? yes 12-20-94/3

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded <u>11-13-93</u>	Date Compl. Ready to Prod. <u>12-20-94</u>	Total Depth <u>6050'</u>	P.B.T.D. <u>6004'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3099' GR</u>	Name of Producing Formation <u>Blbry-Tubb-Dkrd</u>	Top Oil/Gas Pay <u>5111'</u>	Tubing Depth <u>5978'</u>					
Perforations <u>5111-5958'</u>			Depth Casing Shoe <u>6050'</u>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4</u>	<u>8-5/8</u>	<u>1018</u>	<u>770</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>6050</u>	<u>1500</u>
	<u>2-3/8</u>	<u>5978</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
<u>12-20-94/3</u>	<u>1-4-94</u>	<u>Pump</u>
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. <u>15</u>	Water - Bbls. <u>7</u>
		Gas - MCF <u>10</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ken W. Gosnell

Signature Ken W. Gosnell Agent
Printed Name 1-28-94 Title
Date 915 688-5672 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 02 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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