

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires September 10, 1990

**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 & Gas Company

3. ADDRESS AND TELEPHONE NO.  
P.O. Box 1610, Midland, TX 79702 (915) 688-5674

4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)  
1650 FSL & 1650 FWL (Unit Letter K)  
25-25S-37E

5. LEASE DESIGNATION AND SERIAL NO.

LC-060946

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. IF UNIT OR CA, AGREEMENT DESIGNATION

8. WELL NAME AND NO.  
South Justis Unit "F" 250

9. API WELL NO.  
30-025-32076

10. FIELD AND POOL, OR EXPLORATORY AREA  
Justis Blbry-Tubb-Dkrd

11. COUNTY OR PARISH, STATE  
Lea, NM

12. 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

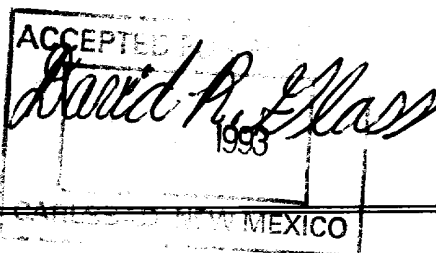
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

TD'd 7-7/8 hole at 6050, 8-24-93. Ran OH logs. RIH w/4-1/2 10.5# csg to 6050. Cmt'd w/1300 sx Super C + 0.5% T-Lite + 1/4# FC (yld 2.2) followed by 300 sx "C" + 12# CSE + 1# WL-1P + 0.3% CF-2 + 1/4# FC + 3# Hi-Seal (yld 1.83). Circ cmt to surf. 8-25-93 RR.

9-20-93. RUCU. Perf Blinebry-Tubb-Drinkard f/5080-5944. Acidize in three stages w/16,300 gals. RIH w/CA: 2-3/8 tbg, rods & pump to 5947.

10-13-93. In 24 hrs pmp'd 8 BO, 11 BW & 55 MCF.



RECEIVED  
NOV 4 11 39 AM '93  
CARLESON  
AREA

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

SIGNED

*Johnny Shields*

TITLE Drilling Team Leader

DATE 10-29-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator <b>ARCO OIL &amp; GAS COMPANY</b>	Well APN No. <b>30 025 32076</b>
Address <b>P. O. BOX 1710 HOBBS, NEW MEXICO 88240</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> <b>PLEASE ASSIGN AN OIL TESTING</b> Change in Operator <input type="checkbox"/> <b>ALLOWABLE OF 500 BBLs FOR THE</b> <b>MONTH OF OCT. 93</b>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>SOUTH JUSTIS UNIT "F"</b>	Well No. <b>250</b>	Pool Name, Including Formation <b>JUSTIS BLINERRY TURB DRINKARD</b>	Kind of Lease State, Federal or Fee <b>7</b>	Lease No. <b>NM6060946</b>
Location Unit Letter <b>K</b> : <b>1650</b> Feet From The <b>SOUTH</b> Line and <b>1650</b> Feet From The <b>WEST</b> Line Section <b>25</b> Township <b>25 S</b> Range <b>37 E</b> , NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>TEXAS NEW MEXICO PIPELINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 2528 HOBBS, NEW MEXICO 88241</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>SID RICHARDSON CARBON &amp; GASOLINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1226 Jal, N.M. 88252</b>					
<b>TEXACO EXPLORATION &amp; PRODUCTION</b>	<b>P. O. Box 3000 Tulsa, Ok. 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<b>Yes</b>	<b>10/01/93</b>

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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.)

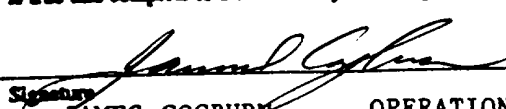
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature   
Printed Name **JAMES COGBURN** Title **OPERATIONS COORDINATOR**  
Date **10/06/93** Telephone No. **(505) 391-1621**

**OIL CONSERVATION DIVISION**

Date Approved **OCT 08 1993**

By \_\_\_\_\_ Orig. Signed by **Paul Kautz**  
Title \_\_\_\_\_ Geologist

**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.

RECEIVED

SEP 01 1993

WILLIAMS  
HUBBS  
OFFICE