

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

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<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Water Injection</u> | 8. Well Name and No.<br><u>South Justis Unit "F" #260</u>                |
| 2. Name of Operator<br><u>ARCO Oil &amp; Gas Company</u>                                                                                                | 9. API Well No.<br><u>30-025-32078</u>                                   |
| 3. Address and Telephone No.<br><u>P. O. Box 1610, Midland, Texas 79702-1610 915 688-5672</u>                                                           | 10. Field and Pool, or Exploratory Area<br><u>Justis Blbry-Tubb-Dkrd</u> |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><u>100 FSL + 1500 FWL (Unit Letter N)<br/>25-25S-37E</u>                      | 11. County or Parish, State<br><u>Lea</u>                                |

|                                                                              |                                          |                                                             |
|------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|
| CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |                                          |                                                             |
| TYPE OF SUBMISSION                                                           | TYPE OF ACTION                           |                                                             |
| <input type="checkbox"/> Notice of Intent                                    | <input type="checkbox"/> Abandonment     | <input type="checkbox"/> Change of Plans                    |
| <input checked="" type="checkbox"/> Subsequent Report                        | <input type="checkbox"/> Recompletion    | <input type="checkbox"/> New Construction                   |
| <input type="checkbox"/> Final Abandonment Notice                            | <input type="checkbox"/> Plugging Back   | <input type="checkbox"/> Non-Routine Fracturing             |
|                                                                              | <input type="checkbox"/> Casing Repair   | <input type="checkbox"/> Water Shut-Off                     |
|                                                                              | <input type="checkbox"/> Altering Casing | <input checked="" type="checkbox"/> Conversion to Injection |
|                                                                              | <input type="checkbox"/> Other _____     | <input type="checkbox"/> 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.)\*

4-7-94, RUPU. POH w/ Tbg, rods & pump. Rlt w/ Guib G VII pkr ON 2 3/8  
IPC Tbg to 5017. Set pkr. Circ pkr fluid. Ran csg integrity  
Test (540# for 30 min). RDPU 4-7-94.

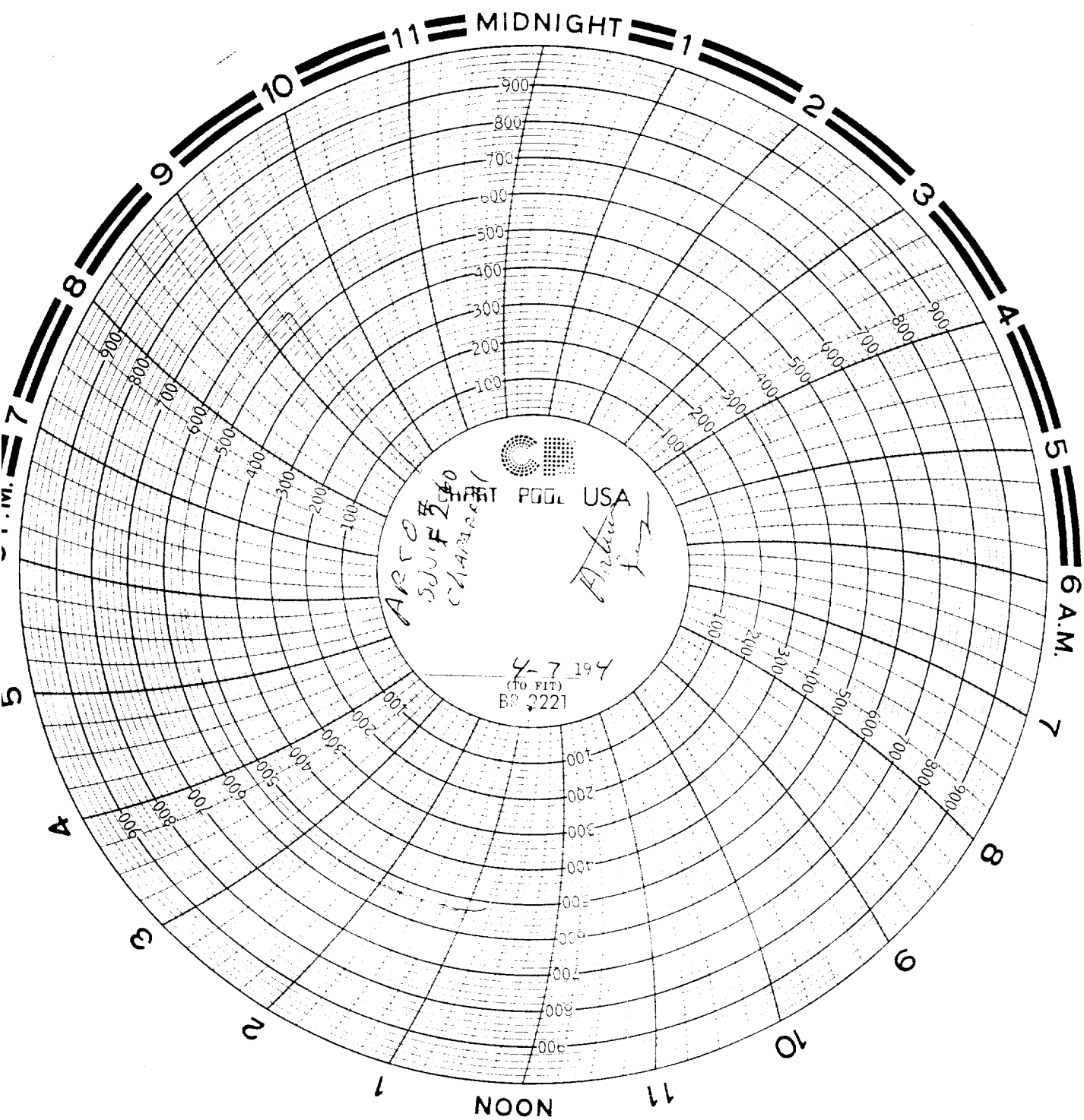
*J. Lara*

|                                                             |                    |                     |
|-------------------------------------------------------------|--------------------|---------------------|
| 14. I hereby certify that the foregoing is true and correct |                    |                     |
| Signed <u>Ken W. Gosnell</u>                                | Title <u>Agent</u> | Date <u>5-13-94</u> |
| (This space for Federal or State office use)                |                    |                     |
| Approved by _____                                           | Title _____        | Date _____          |
| Conditions of approval, if any: _____                       |                    |                     |

REGENT

AND

OFFICE



RECEIVED

SEP 11 1964

OGD MUND-  
Q41-100