

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980

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

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-025-32081

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name  
SOUTH JUSTIS UNIT E

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator  
ARCO Permian

8. Well No.  
250

3. Address of Operator  
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat  
JUSTIS BLINEBRY TUBB DRKD

4. Well Location  
Unit Letter L : 1950 Feet From The S Line and 300 Feet From The W Line  
Section 25 Township 25S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3068' KB 3054' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Repair Casing Leak ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 6050' PBD: 5610' PERFS: 5019-5332' 4-1/2" CSG SET @ 6050' PKR @ 4950'

02/07/00: POH Isolate leaks. Set RCP @ 650'.

02/08/00: Pmp 15 sxs cmt. Circ.

02/09/00: Drill out cmt.

02/10/00: Drill out cmt.

02/11/00: POH w/RCP. RIH w/pkr & tbq. Set pkr @ 4952'. Ran MIT (OCD  
witnessed test and took chart).

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

SIGNATURE

*Kellie D. Murrish*

TITLE Administrative Assistant

DATE 03/21/00

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

TITLE

DATE

MAR 24 2001

CONDITIONS OF APPROVAL, IF ANY:

