	~	N.M. Oil Cons.	Division
(JULIC 1990)	UNITED STATES PARTMENT OF THE INTERIOR REAU OF LAND MANAGEMENT	P.O. Box 19:00 Hobbs, NM 88241	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
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 Gas Well Gas Well Content 2. Name of Operator			NM-0766 6. If Indian, Allottee or Tribe Name
			7. If Unit or CA, Agreement Designation NMNM87877X
			8. Well Name and No. South Justis Unit 162 "E"
ARCO Permian 3. Address and Telephone No.			9. API Well No. 30-025-32083
P.O. Box 1089, Eunice. NM 88231 505-394-1649 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or exploratory Area Justis Blinebry Tubb Drkd
Unit letter E, 1750 FNL & 1150 FWL Section 13-25S-37E			11. County or Parish, State
12. CHECK APPROPRIA	TE BOX(s) TO INDICATE NATUR	E OF NOTICE, REPORT,	OR OTHER DATA
TYPE OF SUBMISSION	Abandonm		Change of Plans
X Subsequent Report	Plugging B	ack	New Construction Non-Routine Fracturing Water Shut Off
Final Abandonment Notic			(Note: Report results of multiple completion on
13. Describe Proposed or Completed Operations	(Clearly state all pertinent details, and give pertinent da red and true vertical depths for all markers and zones p	tes, including estimated date of startinertiment to this work.)*	Completion or Recompletion Report and Log for ng any proposed work. If well is directionally
-		-1/2" CSG @ 6050'	
09/28/98: MIRUPU. Relea	se 2-3/8" tbg and pull tbg. RIH	w/2-3/8" N-80 workstr	ing.
		w/workstring and pkrs. w/Guiberson VI pkr and	
09/30/98: Set pkr @ 5018	'. Circ pkr fluid. Ran MIT. C	HART ATTACHED.	ACCEPTED FOR RECORD PETER W. CHESTER
	TOUDE		OCT 19 (353
	EGIBLE		BUREAU OF LAND MANAGEME ROSWELL RESOURCE AREA
14. I hereby certify that the foregoing is true Signed ALLE. N. W	and correct and correct Title Administra	tive Assistant	
(This space for Federal or State office use Approved by <u>ORIGINAL SIGNED</u> Conditions of approval, if any: A Company	DY OUDIN WHI I AMOTILE		Date
	ne for any person knowingly and willfully to make to a	ny department or agency of the Unite	d States any false, fictifique of frejidulent state
	* See Instruction on R	leverse Side	De entra (

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