Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. 2040 Pacheco St. P.O. Box 1980, Hobbs NM 88241-1980 30-025-32084 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE \square DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) South Justis Unit E 1. Type of Well: OIL WELL OTHER Injection 8. Well No. 2. Name of Operator 160 ARCO Permian 9. Pool name or Wildcat 3. Address of Operator Justis Blinebry Tubb Drkd P.O. Box 1089 Eunice. NM 88231 4. Well Location 100 1600 Feet From The Line Line and Feet From The Unit Letter 36E Lea **25S** 13 **NMPM** Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3115' KB 3101' GI Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: X ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: -OTHER: -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. PERFS: 5118-5960' 4-1/2" csg @ 6050' 5990' MIRUPU. POH w/tbg & pkr. RIH w/bit & scraper. POH Perf 5066-5114' RIH w/pkr & tbg. Acidize all perfs w/2000 gals 15% NEFE. POH w/pkr & tbg. RIH w/pkr & tbg. Set pkr @ approx. 5000'. Circ pkr fluid. Run MIT Return to injection. information above is sque and complete to the best of my knowledge and belief. I hereby corbify that th TITLE Administrative Assistant 10/15/99 SIGNATURE _ TELEPHONE NO. TYPE OR PRINT NAME Kellie D. Murrish ORIGINAL SIGNED BY (This space for State Use) **GARY WINK** 191998 FIELD REP. II TITLE APPROVED BY_