Submit 3 Copies to Appropriate District Office

OTHER: _

state of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89**

DATE 11-10-94

District Office			
OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-32264	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE X
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410			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 WSW
I. Type of Well: OIL GAS WELL WELL WELL	OTHER WATER	SUPPLY WELL	
2. Name of Operator			8. Well No.
ARCO Permian 3. Address of Operator			9. Pool name or Wildcat
P.O.BOX 1610, MIDLAND, TX 7	9702		SAN ANDRES
4. Well Location Unit Letter F : 2310 Fe	eet From The NORTH	Line and 1700	Feet From The WEST Line
	ownship 25S Ran	ge 37E	NMPM LEA County
Section 23	10. Elevation (Show whether 3071 GR		
11. Check Approp	~~~	Jature of Notice	Report, or Other Data
NOTICE OF INTE			SEQUENT REPORT OF:
	r		ALTERING CASING
	PLUG AND ABANDON L	REMEDIAL WORK	
	CHANGE PLANS COMMENCE DRILLING		
ULL OR ALTER CASING L	_	CASING TEST AND CEMENT JOB X	
THER:		OTHER:	
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state all pertinent detail	ils, and give pertinent da 40.5 [#]	tes, including estimated date of starting any proposed
TD'D 14 3/4 HOLE AT 3300 ON SALT + 2% CC + 1/4# CS(YLD 14 HRS. PRESS TEST CSG TO 1	2.0) FOLLOWED BY 60	/4,CSG TO 3290 O SX "C" + 1%	. CMT"D W/ 1700 SX PSL "C" + 3% CC(YLD 1.33).CIRC CMT TO SURF.
TD'D 9 7/8 HOLE AT 4500 ON	12-20-93.RAN OH LOG	S.RR 12-20-93.	
10-25-94. RUPU.CHC TO 4500. 11-01-94. IN 24 HRS PUMPED	RAN CA:5 1/2 15.5# 22,182 BW.	IPC TBG & ESP	TO 2838.RDPU 10-29-94.
I hereby certify that the information above is true and	complete to the best of my knowledge	and belief.	

TITLE AGENT TELEPHONE NO.915 688-5672 TYPE OR PRINT NAME KEN W. GOSNELL (This space for State Use) SPERCOLOGICA CONTRACT FAXTOM erren i municipalitati 13.54 DATE TITLE APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: