Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			•••	11004 1 1 0 7
DISTRICT	OIL CONSERVATION		LL API NO.	
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St. Santa Fe, NM 87505		30-025-32317	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210			ndicate Type of Lease STATE	FEE X
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		6. 5	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 "C"	
I. Type of Well: OIL GAS WELL WELL WELL	OTHER Inject	ion		
2. Name of Operator			Well No.	
ARCO Permian			140 Pool name or Wildcat	<del></del>
<ol> <li>Address of Operator</li> <li>O. Box 1089 Eunice, NM 88</li> </ol>	231		stis <u>Blinebry Tubb Dr</u>	·kd
4. Well Location Unit Letter 0 . 1200	Foot From The S	Line and 1450	Feet From The	E Line
Unit Letter 0 : 1200	Feet From The 5	Line and	rectiton me	
Section 11	Township 25S Ra	ange 37E <sub>NMF</sub>	<sub>PM</sub> Lea	County
	10. Elevation (Show wheth	her DF, RKB, RT, GR, etc.) 49'KB 3135'GL	<i>\\\\\\\\\</i>	
11. Check Ap	propriate Box to Indicat		Report, or Other D	ata
NOTICE OF INT	<del>-</del> -	SUBSE	QUENT REPORT (	OF:
				Г
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CA	SING L
EMPORARILY ABANDON	CHANGE PLANS X	COMMENCE DRILLING OP	NS. PLUG AND AE	BANDONMENT L
JLL OR ALTER CASING		CASING TEST AND CEMEN	т ЈОВ 📙	
		OTHER:		
THER:		<del></del>		
<ol> <li>Describe Proposed or Completed Opwork) SEE RULE 1103.</li> <li>4-1/2" CSG @ 6150' PBD:</li> </ol>	eration&Clearly state all pertinent do 6103' PERFS: 5171-6067		s, including estimated date o	r starting any prop
4-1/2 C3G @ 0130 / DD.	0105 TEM 5. 5171 0007	THOREM. DIE		
MIRUPU. Find and isolate	casing leak. Perf csg a	nd cmt squeeze leak.	Drill csg	
out and test csg. If tes	ts good, add perfs 5090-5	140' and acidize.		
hereby certify that the information above is t	rue and complete to the best of my knowl	edge and belief.		
SIGNATURE KUUU H. M	Peures III	LE <u>Administrative Assi</u>	stant DATE	12/02/99
TYPEOR PRINT NAME Kellie D. Murr	ish		TELEPHONE NO.	505-394-1649
(This space for State Use)				. <b>3</b> T
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APPROVED BY	· · · · · · · · · · · · · · · · · · ·	LE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	<del></del>			