

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

ARCO Permian

3. Address and Telephone No.

P.O. Box 1710 Hobbs, N.M. 88240

505-394-1649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter C, 990' FNL & 1650' FWL
Sec. 11-25S-37E

5. Lease Designation and Serial No.

LC-032511-F

6. If Indian, Allottee or Tribe Name

SOUTH JUSTIS UNIT
NMNM87877X

8. Well Name and No.

South Justis Unit 110
"B"

9. API Well No.

30-025-32321

10. Field and Pool, or exploratory Area

Justis Bly Tubb Drkd

11. County or Parish, State

Lea NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other Pressure Test

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD: 6150' PBD: 5420' (CIBP) INJECTION INTERVAL: 5002-5386'

TD: 6150' PBD: 5420 INJECTION INTERVAL: 5002-5386'

01/12/00: Pressure tested to 550#, held 30 mins. OK. Chart Attached.

Pressure test conducted in accordance with NMOCD Division Order No. R-9747 to reinstate authority to inject.

14. I hereby certify that the foregoing is true and correct

Signed

Kevin P. G. [Signature]

Title Administrative Assistant

Date 01/20/00

(This space for Federal or State office use)

Approved by

CRIS [Signature]

Title

Date

Conditions of approval, if any:



