

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 1610, MIDLAND, TX 79702 915 688-5672

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

**900 FNL & 1650 FWL(UNIT LETTER C)
11-25S-37E**

5. Lease Designation and Serial No.

LC-032511-F

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SOUTH JUSTIS UNIT"B" #110

9. API Well No.

30-025-32321

10. Field and Pool, or exploratory Area

JUSTIS BLBRY-TUBB-DKRD

11. County or Parish, State

LEA NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

OCD WATER INJECTION APPROVED BY ORDER R-9747, DATED 10-23-92.

PROPOSE TO "CONVERT TO WATER INJECTION" AS FOLLOWS:

- 1. POH W/TBG, RODS & PUMP.**
- 2. RIH W/2 3/8 IPC TBG & PKR.**
- 3. CIRC ANNULUS W/ TBW.**
- 4. RUN CSG INTEGRITY TEST.**

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

Signed *Ken W. Gosnell*

Title **AGENT**

Date **04-11-95**

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: