

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 I  
P.O. Box 1980, Hobbs NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>30-025-32344</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-229-2</b>
7. Lease Name or Unit Agreement Name <b>SOUTH JUSTIS UNIT "G"</b>
8. Well No. <b>290</b>
9. Pool name or Wildcat <b>JUSTIS BLBRY-TUBB-DKRD</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3025 GR</b>

**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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator <b>ARCO Permian</b>
3. Address of Operator <b>P.O. BOX 1610, MIDLAND, TX 79702</b>	4. Well Location Unit Letter <b>J</b> : <b>1450</b> Feet From The <b>SOUTH</b> Line and <b>2610</b> Feet From The <b>EAST</b> Line Section <b>36</b> Township <b>25S</b> Range <b>37E</b> NMPM <b>LEA</b> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3025 GR</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

SPUD 12-1/4 HOLE 01-08-95. TD @ 1029. RAN 8-5/8 24# CSG TO 1029. CMT'D W/350 SX PSL "C" +2% CC + 1/4# CS (YLD 1.86) FOLLOWED BY 200 SX "C"+ 2%CC (YLD 1.32). CIRC CMT TO SURF.WOC 11.5 HRS. EST COMP STRENGTH 1500#. DA W 7 7/8 BIT.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken W. Gosnell TITLE AGENT DATE 01-10-95

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE NO. 915 688-5672

(This space for State Use)

JAN 12 1995

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: