

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
ALBUQUERQUE, NEW MEXICO 87240
FORM APPROVED
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)
**2580 FNL & 330 FEL (UNIT LETTER H)
11-25S-37E**

5. Lease Designation and Serial No.

NM-4355

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SOUTH JUSTIS UNIT"D" #130

9. API Well No.

30-025-32348

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

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

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ 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 drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

SPUD 12 1/4 HOLE 06-04-95. TD'D AT 1095. RAN 8 5/8 24# CSG TO 1095. CMT'D W/300 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 10.5 HRS. EST COMP STRENGTH 1500#. PRESS TEST CSG TO 1000# FOR 30 MIN. DA W 7 7/8 BIT.

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

Signed Ken W. Gosnell

Title **AGENT**

Date **06-16-95**

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: