

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator ARCO Oil and Gas Company	8. Well Name and No. South Justis Unit "F" #150
3. Address and Telephone No. P. O. Box 1610, Midland, Texas 79702-1610	9. API Well No. 30-025-32351
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 200' FNL & 2420' FWL (Unit Letter C) Sec. 13-25S-37E	10. Field and Pool, or Exploratory Area Justis Blbry-Tubb-Dkrd
	11. County or Parish, State Lea

**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

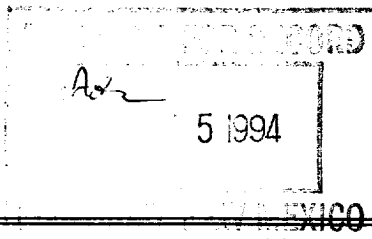
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> 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 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.)\*

Spud 12-1/4" hole 1-23-94. TD'd @ 1027'. Ran 8-5/8" 24# csg to 1027'. Cmt'd w/570. sx PSL "C" + 1/4# CS + 2% cc (yld 1.89) followed by 200 sx "C" + 2% cc (yld 1.32). Circ 327 sx to surf. WOC 10-3/4 hrs. Est comp strength 1500#. Press test csg to 1000# for 30 min. DA with 7-7/8" bit.

RECEIVED  
FEB 3 11 00 AM '94  
CARLOS  
AREA OFFICE  
HOBBS, NM



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

Signed <u>Kenau Gosnell</u>	Title <u>Agent</u>	Date <u>2-2-94</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		