Submit 3 Copies to Appropriate
District Office

APPROVED BY.

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-32352 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SOUTH JUSTIS UNIT G 1. Type of Well: GAS WELL WELL OTHER X 8. Well No. 2. Name of Operator 184 ARCO Permian 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1089 Eunice. NM 88231 JUSTIS BLINEBRY TUBB DRKD 4. Well Location 1450 160 Feet From The Line and Feet From The LEA Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3090' KB. 3074' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: . OTHER: -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. TD: 6100' PBD: 5600' PERFS: 5003'-5578' 4-1/2" CSG @ 6100' 10/24/97: MIRUPU. POH W/TBG & PKR. RIH W/BIT, SCRAPER, & 2-3/8" WORKSTRING. POH. 10/25/97: SET CIBP @ 5600'. PERF 5003-5082' (2 JSPF/52 TOTAL). RIH W/PPI TOOL & TBG. 10/27/97: ACIDIZE 5003-5578' W/3050 GALS 15% HCL. POH W/TBG & PPI TOOLS. 10/28/97: RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG. SET PKR @ APPROX 4923' RUN MIT. CHART ATTACHED. 10/29/97: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assistant 11/06/97 505-394-1649 TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. (This space for State Use) **ORIGINAL SIGNED BY GARY WINK**

TITLE _

FIELD REP. II