

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-025-32355

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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 ☐

GAS  
WELL ☐

OTHER ☒

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

8. Well No.

232

9. Pool name or Wildcat

JUSTIS BLINEBRY TUBB DRKD

4. Well Location

Unit Letter A : 1275 Feet From The N Line and 150 Feet From The E Line

Section

25

Township

25S

Range

37E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3081' KB 3067' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Pressure Test ☒

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 6050 PBD: 5993 PERFS: 5055-5594' 4-1/2" CSG SET @ 6050

01/13/00: Pressure test to 580#, held 30 mins. OK. Chart attached.

Pressure test conducted in accordance with NMOCD Division Order No. R-9747 to  
reinstate authority to inject.

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

SIGNATURE

*Kellie D. Murrish*

TITLE Administrative Assistant

DATE 01/20/00

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY  
GARY WING  
FIELD REP

APPROVED BY

TITLE

DATE

JAN 29 2000

CONDITIONS OF APPROVAL, IF ANY:

