Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OH CONCEDIATIO	AN DITHOTON	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO.
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210		30-025-32356 5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE
			0.0000000000000000000000000000000000000
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.)			7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
1. Type of Well:   OIL			
2. Name of Operator ARCO Permian			8. Well No. 242
3. Address of Operator P.O. Box 1089 Eunice. NM 88231			9. Pool name or Wildcat JUSTIS BLINEBRY TUBB DRKD
4. Well Location			
Unit Letter H : 2380	Feet From The N	Line and 15	Peet From The E Line
Section 25	Township 25S Ra	.nge 37E	NMPM LEA County
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc	
11. Check An	nranviata Pay ta Indianta		Parant or Other Pate
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
	rations (Clearly state all pertinent det	alls, and give pertinent dat	ies, including estimated date of starting any proposed
work) SEE RULE 1103.			`
TD: 6050° PBD: 5600°	PERFS: 5040-5580' 4-1/2	CSG SET @ 6050.	d
	W/TBG & PKR. RIH W/BIT, SO		
09/22/97: SET CIBP ₱ 5600. PERF 5040-5064" (2 JSPF/38 TOTAL). RIH W/PPI TOOL & TBG. 09/23/97: ACIDIZE 5040-5580 W/3300 GALS 15% HCL. POH W/TBG & PPI TOOLS.			
RIH W/GUIBERSON MODEL VI PKR & 2-3/8" IPC TBG.			
09/24/97: SET PKR ₱ 4985'. RUN MIT, CHART ATTACHED.			
I hereby certify that the information above is to	rue and complete to the best of my knowledge	and belief.	
SIGNATURE KILLE W. 9	Merrish 1m	Administrative	Assistant DATE 10/07/97
TYPE OR PRINT NAME Kellie D. Mur	rish		теценноме мо. 505-394-1649
(This space for State Use)			00-
ORIGINAL	L SIGNED BY		OCT 15 1997
EICI I	RY WINK mm	£	DATE
CONDITIONS OF APPROVAL, IF ANY:			

