

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

**30-025-32356**

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**B-11478**

7. Lease Name or Unit Agreement Name

**SOUTH JUSTIS UNIT "H"**

8. Well No.

**242**

9. Pool name or Wildcat

**JUSTIS BLBRY-TUBB-DKRD**

**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 **WATER INJECTION**

2. Name of Operator

**ARCO Permian**

3. Address of Operator

**P.O. BOX 1610, MIDLAND, TX 79702**

4. Well Location

Unit Letter **H** : **2380** Feet From The **NORTH** Line and **150** Feet From The **EAST** Line

Section **25**

Township **25S**

Range **37E**

NMPM

LEA County

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

**3057 GR**

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: **CONVERT TO INJECTION** ☒

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.

**08-18-95.RUPU.POH W/RODS & TBG.RIH W/2 3/8 IPC TBG & PKR SET @ 4989. CIRC HOLE W/9# TBW. RAN CSG INTEGRITY TEST TO 500# FOR 30 MIN.RDPU 08-20-95.**

**INJECTION INTERVAL 5075-5945  
R-9747 AMENDMENT DATED 12-06-93**

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

SIGNATURE

*Ken W. Gosnell*

TITLE **AGENT**

DATE **08-22-95**

TYPE OR PRINT NAME **Ken W. Gosnell**

TELEPHONE NO. **915 688-5672**

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR**

APPROVED BY

TITLE

DATE

**SEP 11 1995**

CONDITIONS OF APPROVAL, IF ANY:

TCBA

540

RECEIVED

AUG 23 1995

UCL NUBHS  
OFFICE

