State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-32403

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.)

7. Lease Name or Unit Agreement Name

SOUTH JUSTIS UNIT "E"

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
ARCO Permian

8. Well No.
130

3. Address of Operator
P.O.Box 1610,Midland TX, 79702

9. Pool name or Wildcat
JUSTIS BLBRY-TUBB-DKRD

4. Well Location
Unit Letter **L** : **2450** Feet From The **South** Line and **1200** Feet From The **West** Line

Section **12**   Township **25S**   Range **37E**   NMPM **Lea**   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3120-GR

11. ### 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 CEMENT JOB ☐	
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.

Request that "Permit To Drill" be extended for an addition six(6) months.

Expiration Jan 2, 1995

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 **7-14-94**

TYPE OR PRINT NAME **KEN W.GOSNELL**   TELEPHONE NO. **915 688-5672**

(This space for State Use)

ORIGINAL
DIST
SUPERVISOR

JUL 19 1994

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: