

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.

30-025-32407

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-228-1

7. Lease Name or Unit Agreement Name

SOUTH JUSTIS UNIT "H"

8. Well No.

270

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

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. BOX 1610, MIDLAND, TX 79702

4. Well Location

Unit Letter A : 1100 Feet From The NORTH Line and 220 Feet From The EAST Line

Section 36

Township 25S

Range 37E

NMPM

LEA County

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

3044 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: ☐

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.

SPUD 12-1/4 HOLE 12-05-94. TD @ 1008. RAN 8-5/8 24# CSG TO 1008. CMT'D W/300 SX PSL "C" +2% CC + 1/4# CS (YLD 1.86) FOLLOWED BY 200 SX "C" + 2%CC (YLD 1.32). CIRC CMT TO SURF. WOC 11 HRS. EST COMP STRENGTH 1550#. PRESS TEST CSG TO 1000# FOR 30 MIN. DA W/7 7/8 BIT.

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 12-09-94

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE NO. 915 688-5672

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: