

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.  
**30-025-32408**

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"**

**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**

8. Well No.  
**280**

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 **H** **2590** Feet From The **North** Line and **150** Feet From The **East** Line  
Section **36** Township **25S** Range **37E** NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3036-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.

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

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. **915 488-5672**

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**JUL 21 1994**