

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.
30-025-32633

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-228-1

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 WELL GAS WELL OTHER **WATER INJECTION**

8. Well No.
295

2. Name of Operator
ARCO Permian

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

3. Address of Operator
P.O. BOX 1610, MIDLAND, TX 79702

4. Well Location
Unit Letter **D** : **1100** Feet From The **NORTH** Line and **300** Feet From The **WEST** Line
Section **36** Township **25S** Range **37E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3029 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CONVERT TO INJECTION <input checked="" type="checkbox"/>

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.

08-04-95.RUPU.POH W/RODS & TBG.RIH W/2 3/8 IPC TBG & PKR SET @ 4985. CIRC HOLE W/9# TBW. RAN CSG INTEGRITY TEST TO 500# FOR 30 MIN.RDPU 08-07-95.

**INJECTION INTERVAL 5050-5880.
R-9747 WELL NUMBER CHANGED ON C-103 DATED 09-26-94.**

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 08-11-95

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:

AUG 27 1995