

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. <b>30-025-32634</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-228-1</b>
7. Lease Name or Unit Agreement Name <b>SOUTH JUSTIS UNIT</b>
8. Well No. <b>294</b>
9. Pool name or Wildcat <b>JUSTIS BLBRY-TUBB-DKRD</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3046 GR</b>

**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 **C** : **1280** Feet From The **NORTH** Line and **1400** Feet From The **WEST** Line

Section **36** Township **25S** Range **37E** NMPM **LEA** County

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.

**08-02-95.RUPU.POH W/RODS & TBG.RIH W/2 3/8 IPC TBG & PKR SET @ 4979. CIRC HOLE W/9# TBW. RAN CSG INTEGRITY TEST TO 500# FOR 30 MIN.RDPU 08-03-95.**

**INJECTION INTERVAL 5062-6076.  
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 08-14-95

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE NO. 915 688-5672

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 27 1995  
CONDITIONS OF APPROVAL, IF ANY: