

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.<br><b>30-025-32634</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><b>SOUTH JUSTIS UNIT</b>                                    |
| 8. Well No.<br><b>294</b>   |
| 9. Pool name or Wildcat<br><b>JUSTIS BLBRY-TUBB-DKRD</b>  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br><b>ARCO Permian</b>   |
| 3. Address of Operator<br><b>P.O. BOX 1610, MIDLAND, TX 79702</b>   | 4. Well Location<br>Unit Letter <b>C</b> <b>1280</b> Feet From The <b>NORTH</b> Line and <b>1400</b> Feet From The <b>WEST</b> Line<br>Section <b>36</b> Township <b>25S</b> Range <b>37E</b> NMPM <b>LEA</b> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>3046 GR</b>  |  |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                                |
| 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 checked="" type="checkbox"/> |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>               |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/>         |
|   | OTHER: <input 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.

SPUD 12-1/4 HOLE 09-13-94. TD @ 995. RAN 8-5/8 24# CSG TO 995. CMT'D W/400 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 12 3/4 HRS. EST COMP STRENGTH 1675#. 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 09-26-94  
TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE NO. 915 688-5672

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 04 1994  
CONDITIONS OF APPROVAL, IF ANY: