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State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-32637 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SOUTH JUSTIS UNIT "F" 1. Type of Well: GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. ARCO Permian 282 3. Address of Operator Pool name or Wildcat <u>P.O.BOX 1610, MIDLAND, TX 79702</u> JUSTIS BLBRY-TUBB-DKRD 4. Well Location Unit Letter F 2550 Feet From The NORTH __ Line and 2580 Feet From The WEST Section 36 Township 25S Range 37E LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3032 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB X PULL OR ALTER CASING OTHER: 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. TD'D 7 7/8 HOLE AT 6150 ON 10-15-94.RAN OH LOGS. RIH W/ 4 1/2 10.5# CSG TO 6150. CMT"D W/ 140C SX SUPER "C" + .5% T-LITE + 1/4# CS(YLD 2.22) FOLLOWED BY 300 SX "C" + 12# CSE + 1# WL-1P + .3% CF-2 + 1/4# CS + 3# HI-SEAL(YLD 1.83).DID NOT CIRC CMT. RR 10-16-94. 10-16-94. RAN TEMP SURVEY. TOC @ 1020. 10-19-94. RUPU. PERF BLINEBRY-TUBB-DRINKARD F/ 5858-6038. A W/3600 GALS. RIH W/ CA: 2 3/8 TBG, RODS & PUMP TO 6056. RDPU 10-21-94. 10-26-94. IN 24 HRS PUMPED 29 BO, 165 BW, 148 MCF. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE AGENT DATE 10-31-94 TYPE OR PRINT NAMEKEN W. GOSNELL TELEPHONE NO.915 688-5672

TITLE

DATE

(This space for State Use)

APPROVED BY_