

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-025-32638

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**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 **Injection**

2. Name of Operator

**ARCO Permian**

8. Well No.

**293**

3. Address of Operator

**P.O. Box 1089 Eunice, NM 88231**

9. Pool name or Wildcat

**Justis Blinbry Tubb Drkd**

4. Well Location

Unit Letter **K** **1500** Feet From The **S** Line and **1400** Feet From The **W** Line

Section

**36**

Township

**25S**

Range

**37E**

NMPM

Lea

County

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

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 1-03.

**4-1/2" CSG @ 6150' PBD: 6098' PERFS: 5072-5478'**

**10/21/99: MIRUPU, POH w/tbg & pkr, RIH w/bit, scraper, & tbg to 5550'. POH**

**10/22/99: Set CIBP @ 5490', RIH w/pkr and tbg. Set pkr @ 5028'. Circ pkr fluid.  
Run MIT. Chart Attached. RDPU**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Kellie D. Murrish*

TITLE **Administrative Assistant**

DATE **11/03/99**

TYPE OR PRINT NAME **Kellie D. Murrish**

TELEPHONE NO. **505-394-1649**

(This space for State Use)

APPROVED BY

*Larry W. Wink*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

