

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. 30-025-32638
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-229-1
7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT
8. Well No. 293
9. Pool name or Wildcat JUSTIS BLBRY-TUBB-DKRD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3030 GR

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator ARCO Permian
3. Address of Operator P.O. BOX 1610, MIDLAND, TX 79702	4. Well Location Unit Letter K 1500 Feet From The SOUTH Line and 1400 Feet From The WEST Line Section 36 Township 25S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3030 GR	

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 1103.

SPUD 12-1/4 HOLE 10-27-94. TD @ 1012. RAN 8-5/8 24# CSG TO 1012. CMT'D W/350 SX PSL "C" +2% CC + 1/4# CS (YLD 1.86) FOLLOWED BY 200 SX "C" + 2%CC (YLD 1.34). CIRC CMT TO SURF. WOC 11 HRS. EST COMP STRENGTH 1550#. 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 10-31-94

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 10-31-94

CONDITIONS OF APPROVAL, IF ANY: