State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-32702 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE 🗌 STATE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B - 229 - 1SUNDRY 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 1 Type of Well: WELL X WELL OTHER 8. Well No. 2. Name of Operator 297 ARCO Permian 9. Pool name or Wildcar 3. Address of Operator JUSTIS BLBRY-TUBB-DKRD P.O.BOX 1610, MIDLAND, TX 79702 4. Well Location Feet From The SOUTH Line and 1180 Feet From The EAST 1400 Unit Letter I Line Range 37E LEA County Section 36 Township 25\$ 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3032 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: _ OTHER: 12. Describe Proposed or Completee 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 11-05-94. TD @ 1016. RAN 8-5/8 24# CSG TO 1016. CMT'D W/325 SX PSL "C" +2%

SPUD 12-1/4 HOLE 11-05-94. TD @ 1016. RAN 8-5/8 24# CSG TO 1016. CMT'D W/325 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 12 HRS. EST COMP STRENGTH 1650#. 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 t	he best of my knowledge and belief.	
SIGNATURE Ken W Sofull	rmle <u>AGENT</u>	DATE 11-14-94
TYPE OR PRINT NAME Ken W. Gosnell		TELEPHONE NO.915 688-5672
(This space for State Use)	٠.	NOT 17 1994
		NO 7 1 1934
APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: