

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

5. Lease Designation and Serial No.
NM-14218

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well: OIL WELL GAS WELL OTHER

8. Well Name and Number
C.C. FRISTOE 'B' FEDERAL NCT-2
16

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0432

9. API Well No.
30 025 33235

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter O : 330 Feet From The SOUTH Line and 2310 Feet From The
EAST Line Section 26 Township 24S Range 37E

10. Field and Pool, Exploratory Area
JUSTIS;BLINEBRY/TUBB-DRINKARD

11. County or Parish, State
LEA

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> OTHER: See Below for explanation <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is still being tested for split percentage allocation for each zone. Will send in 3160-4 when OPT's are reached.

Handwritten signatures and stamps:
 [Signature]
 [Stamp: MAY 15 1996]
 [Stamp: 397-0432]

14. I hereby certify that the foregoing is true and correct

SIGNATURE *Paula S. Ives* TITLE Engineering Assistant DATE 5/15/96

TYPE OR PRINT NAME Paula S. Ives

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.