UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other Instructions on reverse side)

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—" for such proposals)

	Expires August 31, 1985
	5. LEASE DESIGNATION AND SERIAL NO.
	LC-032579(e)
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	—

OIL WELL X GAS OTHER

2. NAME OF OPERATOR

National Coop. Refinery Assoc.

3. ADDRESS OF OPERATOR

415 W. Wall, Suite 2215, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1730' FNL, 330' FWL of Section 1

7. UNIT AGREEMENT NAME	—
8. FARM OR LEASE NAME	Westates Federal
9. WELL NO.	5
10. FIELD AND POOL, OR WILDCAT	Justis Blinebry
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec 1, T-25-S, R-37-E

14. PERMIT NO.	**15. ELEVATIONS** (Show whether DF, RT, GR, etc.)	**12. COUNTY OR PARISH**	**13. STATE**
—	3140' DF	Lea	New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) Request to keep TA Status X			

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

17. 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.)*

We respectfully request the Westates Federal well #5 remain in TA Status pending the results of a waterflood feasibility study now being conducted by Texaco, Inc.

At the request of Mr. Shannon Shaw of the Bureau of Land Management, we ran a pressure test on this well on 6-19-87. The results of this test follow:

1. Surface Casing Pressure = 0#

2. Intermediate Casing Pressure = 0#

3. Production Casing Pressure = 0#

4. Tubing Pressure = 0#

RECEIVED

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

SIGNED _Carrie A. Baze_   TITLE __Production Clerk__   DATE __6-23-87__
Carrie A. Baze

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE __6-30-87__
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side