Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

Paula S. Ives

TYPE OR PRINT NAME (This space for Federal or State office use) APPROVED BY_____ CONDITIONS OF APPROVAL, IF ANY: N.M. Oil C

1980 Hobbs, NM 88241 Budget Bureau No. 1004-0135

FORM APPROVED

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. LC032650B
			6. If Indian, Alottee or Tribe Name
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation
1. Type of Well: OIL GAS OTHER			8. Well Name and Number COATES, AB C FED
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			11
3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0432			9. API Well No. 30 025 11733
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter F: 1980 Feet From The NORTH Line and 1650 Feet From The			10. Field and Pool, Exploaratory Area JUSTIS PADDOCK
	Township 25S Range	.37E	11. County or Parish, State LEA NEW MEXICO
12. Check Appropriate	Box(s) To Indicate Nature	of Notice, Re	eport, or Other Data
TYPE OF SUBMISSION		T\	/PE OF ACTION
Notice of Intent Subsequent Report Final Abandonment Notice 13. Describe Proposed or Completed Operations (Clework. If well is directionally drilled, give subsurf Texaco Exploration and Production Inc. respectfu	race locations and measured and true	vertical deptilis for a	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.) Including estimated date of starting any proposed
 Notify BLM 24 hours in advance of work. Set CIBP within 100' of the uppermost perfora 			- BE - 5
3. Pressure test the casing to 500 psi. for 30 minutes.4. Submit pressure test chart along with 3160-5 (subsequent) to the BLM requesting TA status.			RECEI 1997 OCT -9 19REAU OF L HOBBS: NE
Carra	- 12 IUUD FOR Arges Of Africoval		CEIVED T-9 P 3: 34 OF LAND MGMT. S. NEW MEXICO
14. I hereby certify that the foregoing is true and correct SIGNATURE A. J. W.L.	TITLE Engineer	ring Assistant	DATE 10/9/97