Form 3160-5 (December 1989)			
	DRY NOTICES AND REI		5. Lease Designation and Serial No. LC 032650 B
SUN Do not use this form fo Use "A	6 16 Indian Allower T II Al		
	SUBMIT IN TRIPI	LICATE	7. If Unit or CA. Agreement Designation
1. Type of Well Oil Gas Well Well O 2. Name of Operator	8. Well Name and No.		
Texaco Explora 3. Address and Telephone No.	A.B. Coates C Fed #25 9. API Well No.		
P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (505) 393-7191			30 025 20060 10. Field and Pool. or Exploratory Area
	990' FNL & 940' FEL		Justis Blinebry Justis Tubb Drinkard II. County or Parish. State Lea, NM
2. CHECK APPRO	OPRIATE BOX(s) TO INC	CATE NATURE OF NOTI	CE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			
Notice of Intent Subsequent Report Final Abandonmen		INOIC	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection ellation_of_approved_Intent :: Report results of multiple completion on Well Completion or mpletion Report and Log form.)
Cancellation of The approved of the engine Unit to be op Mr. Shannon S and concur with	Intent filed 07-25- zone abandonment an eering committee of perated by Arco. The Shaw w/BLM and Mr. J	d recompletion was not the proposed Justis B subject well is inclu erry Sexton w/NMOCD ha f the committee to all	t implemented due to suggestion linebry/Tubb Drinkard Waterflood uded in the proposed unit. ave been advised of this proposal low the well to remain shut in
CSG INT	EGRity TEST		A CA NOV
is requir	ED.		
		Ad	NA SO IN SO
. I hereby certify that the foregoing is			
Signed Dr. Jahuso		. Engr. Asst.	Date11-05-91
(This space for Federal or State offi Approved by Conditions of approval, if any:	ce use) Title	e	Date
the 18 U.S.C. Section 1001, makes it a representations as to any matter within	crime for any person knowingly and w a its jurisdiction.	ilifully to make to any department or agence	cy of the United States any false. fictitious or fraudulent statements
N		nstruction on Reverse Side	

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