Form 3160-5 (August 1999)

UNITED STATES ONS. Division DEPARTMENT OF THE INTERIOR CONS. Division BUREAU OF LAND MANAGEMENT. French Dr.

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

SUNDRY NOTICES	AND REPORTS ON MELLE 8240 oposals to drill or to re-enter an
o not use this form for pr	oposals to drill or to re-enter an

5. Lease Serial No. NM-0140977

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						}	6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side							7. If Unit or CA/Agreement, Name and/or No. NMNM87877X			
	Type of Well	7 a								
2. Name of Operator							8. Well Name and No. SOUTH JUSTIN UNIT "D" WELL #13			
ΗE	NRY PETROLEUM LP						9. API W	ell No.		
3a. Address 3b. Phone No. (include area code)								30-025-20994		
3525 ANDREWS HWY - MIDLAND TX 79703-5000 (915)694-3000 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 990' FEL,							10. Field and Pool, or Exploratory Area JUSTIS=BLBRY-TUBB-DRINKARD 11. County or Parish, State			
										UNIT LETTER "I", SECTION 11, T-25-S, R-37-E
	12 CHECK AT	PPROPRIATE BOX(ES)	ro n	NDICATE NA	TURF	OF NOTICE R				
	· · · · · · · · · · · · · · · · · · ·	TROTIGITE BOX(ES)					El OKI, C		TILK DATA	
	YPE OF SUBMISSION				TYPE O	F ACTION				
X	Notice of Intent	☐ Acidize		Deepen		Production (Start	/ Resume)		Water Shut-Off	
П	Subsequent Report	☐ Alter Casing ☐ Casing Repair		Fracture Treat		Reclamation			Well Integrity Other TA, PA OR	
_	Subsequent Report	Casing Repair Change Plans		New Construction Plug and Abandon		Recomplete Temporarily Aba	ndon	تط	RETURN WELL TO	
	Final Abandonment Notice	Convert to Injection		Plug Back		Water Disposal			PRODUCTION.	
AS TH WI	FPER BLM 3160-18 FC IE BLM THAT WE WIL E ARE EVALUATING F	PERFS. 5060'-5758' - 5 DRM DATED 11/26/200 L EITHER TA, PA, OR RE-ACTIVATION OF TH ON OIL RESPONSE.	2 - T RE1	HIS WELL IS URN THIS W	SHUT	O PRODUCT ADJACENT TO	ION BY 1	1/26 F OU	/2003. CURRENTLY JR STUBY AREAS	
	I hereby certify that the foregoin Name (Printed/Typed) DY R. JOHNSON	ng is true and correct	\		GULAT	ORY TECH.				
	Signature Soy S.	Johnso.	<u> </u>		28/200					
		THIS SPACE	FOF	R FEDERAL OI	 	E OFFICE US	E	,		
App	roved by				Title			Date		
		tached. Approval of this notice dor equitable title to those rights in			Office			·		

which would entitle the applicant to conduct operations thereon.

