Form 3160-5 (June 1990)

## UI TO STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

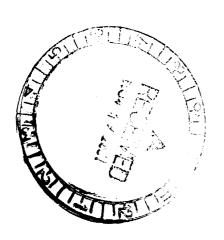
## N.M. Oil CC 3. Division 1625 N. French Diaget Bureau No. 1004-0135 Hobbs. NM 88240 Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.			Lease Designation and Serial No.     NM 14218     If Indian, Alottee or Tribe Name		
					Use "APPLICATION FOR PERMIT" for such proposals
SUBMIT IN TRIPLICATE			7. If Unit of CA, A	greement besignation	
4 Toront Maller GAS			8. Well Name and Number		
. Type of Well: WELL OTHER			C. C. FRISTOE 'B' FEDERAL NCT-2		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				21	
3. Address and Telephone No. PO BOX 3109, MIDLAND, TX 79702 915-688-475			9. API Well No. _ 30-025-34010		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Unit Letter B: 330 Feet From The NORTH Line and 1650 Feet From The			10. Field and Pool, Exploaratory Area Langlie Mattix Seven River Queen Grayburg		
EAST Line Section 35 Township 24-S Range 37-E		rish, State LEA , NM			
12. Check Appropriate	e Box(s) To Inc	licate Natur	e of Notice, R	eport, or Oth	ner Data
TYPE OF SUBMISSION				YPE OF ACTION	
✓ Notice of Intent		Abandonment			Change of Plans
		Recompletion			New Construction
		Plugging Back			Non-Routine Fracturing
Subsequent Report	_	Casing Repair			Water Shut-Off
— Sin Advantage of Nation		Atlering Casing		<u> </u>	Conversion to Injection
Final Abandonment Notice	₹	OTHER:	THER: RECOMPLETION		Dispose Water
				(No	ote: Report results of multiple completion on Well mpletion or Recompletion Report and Log Form.)
<ol> <li>Describe Proposed or Completed Operations (Clear directionally drilled, give subsurface locations and recomplete the subsurface Interest of the</li></ol>	neasured and true veru ject well to the Lang FFIN. P. TOH W/TBG. RU I' CMT & TEST FOR N ALL ZONES AT O	lie Mattix Seven  N BIT & SCRAP  OCD FOR ZA S  NCE OR VERIF ORM EXPRESS	Rivers Queen Gra ER TO 5750'. STATUS OF THE E Y THE NEED TO S COMPENSATED	ygurg The intendictions of the control of the contr	ded procedure is as follows:  /DRINKARD. (WILL NEED TO PLUGS).

additional plugs fot URAW 5050 cap w/ 35 com 14. I hereby certify that thy 11/14/01 DATE Engineering Assistant SIGNATURE J. Denise Leake TYPE OR PRINT NAME (This space for Federal or State office use) **APPROVED** DATE TITLE **BUNDITIONS 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

6) SWAB BACK, IF NO HYDROCARBON IS FOUND, CMT SQUEEZE PERFS, DRILL OUT & RETURN TO PROD IN BLINEBRY/TUBB/DRINKARD.

representations as to any matter within its jurisdiction.



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