O Appropriate District Office ,	Revised 1-1-89
O'LL CONSERVATION DIVISION	JWELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-025-34821
Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210	STATE FEE
DISTRICT III	6. State Oil / Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI	C.C. FRISTOE B FEDERAL NCT-2
(FORM C-101) FOR SUCH PROPOSALS.	
1. Type of Well: OIL — GAS — OTHER	
2. Name of Operator	8. Well No
TEXACO EXPLORATION & PRODUCTION INC.	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240	9. Pool Name or Wildcat JUSTIS BLINEBRY TUBB DRINKARD
4. Well Location	
Unit Letter G : 2269' Feet From The NORTH Line and 2459'	Feet From The <u>EAST</u> Line
37.5	NMPM LEA COUNTY
100000	
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3170' G	GR STATE OF THE ST
Check Appropriate Box to Indicate Nature of Notice, Repo	ort, or Other Data
·	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO.	ALTERING CASING
PERFORM REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING COMMENCE DRILLI	<u></u>
PULL OR ALTER CASING	— — — — — — — — — — — — — — — — — — —
OTHER: Intent to DHC OTHER:	
Notice of intent to downhole commingle the Justis Blinebry Pool & Justis Tubb/Drinkiard Pool in the second comming will not reduce the value of the total remaining production. Justis Blinebry - 3 \$200 - Pool code Justis Tubb/Drinkard - 35280 - Pool code	subject well.
Perforated intervals: Blinebry: 5084-5365' Tubb/Drinkard: 5888-5925 & 6054-6208'	
Allocation method: Blinebry: 30 oil / 15 mcf Production Splits: 60% of oil / 33% of gas Tubb/Drinkard: 20 oil / 30 mcf Production Splits: 40% of oil / 67% of gas	
Ownership and percentages between the two pools are identical for the specified well and lease.	- -
Liwision Order No. R-11363 Copy has been sent to the Commissioner of Public Hands for the	State & M.M. LDHC Order No. 002
Thereby certify that the information above is you and complete to the best army browledge and belief.	
SIGNATURE	DATE 3/20/01
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 397-0405
(This space for State Use)	11AM:
(This space for State Use) APPROVED ORIGINAL SIGNED BY CHRIS WILL DISTRICT I SUPERVISOR	(BO D 900)
BONDITIONS OF APPROVAL IF ANY: TITLE DISTRICT 1 SOF ETT.	DATEPATE

