

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO
OFFICE FOR NEUTRALIZATION
DRAWER DD
ALBUQUERQUE, NM 88210
OTHER INSTRUCTIONS ON REVERSE

BLM Roswell District
Modified Form No.
NM060-3160-4

ASF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-25876
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. UNIT AGREEMENT NAME
3a. AREA CODE & PHONE NO. (915) 688-4620		8. FARM OR LEASE NAME GETTY '24' FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, UNIT LETTER L.		9. WELL NO. 7
14. PERMIT NO. API NO.- 30-015-27147		10. FIELD AND POOL, OR WILDCAT LIVINGSTON RIDGE DELA.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3570'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 24, T-22-S, R-31-E
		12. COUNTY OR PARISH EDDY
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) EXTEND DRILLING PERMIT <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

DUE TO DRILLING PRIORITY, WE WILL NOT SPUD THIS WELL BEFORE THE SEPTEMBER 23, 1993 EXPIRATION DATE.
PLEASE EXTEND THIS PERMIT FOR AN ADDITIONAL YEAR.

APPROVED FOR 12 MONTH PERIOD
ENDING 9/23/94

SEP 2 11 50 AM '93
RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED <u>C.P. Bashem / cwh</u>	TITLE <u>DRILLING OPERATIONS MANAGER</u>	DATE <u>09-01-93</u>
(This space for Federal or State office use)		
APPROVED BY <u>(ORIG. SGD.) JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>10/8/93</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side