

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

COMMISSION
Bureau of Land Management
Modified Form No.
NM060-3160-4
LEASE DESIGNATION AND SERIAL NO.
NM-25876

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		8. FARM OR LEASE NAME GETTY '24' FEDERAL	
3a. AREA CODE & PHONE NO. (915) 688-4620		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 990' FWL, UNIT LETTER E.		10. FIELD AND POOL, OR WILDCAT LIVINGSTON RIDGE DELA.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 24, T-22-S, R-31-E	
14. PERMIT NO. API NO.- 30-015-27084	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3545'	12. COUNTY OR PARISH EDDY	13. STATE NM

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) EXTEND DRILLING PERMIT <input checked="" 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 AUGUST 12, 1995 EXPIRATION DATE.
PLEASE EXTEND THIS PERMIT FOR AN ADDITIONAL YEAR.

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

SIGNED <u>C. Wade Hawley</u>	TITLE <u>DRILLING OPERATIONS MANAGER</u>	DATE <u>07-14-95</u>
(This space for Federal or State office use)		
APPROVED BY <u></u>	TITLE <u></u>	DATE <u>8/8/95</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side