Form 3160-5 (June 199-2). TED STATES DEPARTN	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993		
RECELLES SUNDRY NOTICES AND REPORTS ON WELLS Do fot use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT " for such proposals	5. Lease Designation and Serial No. NM 25876 6. If Indian, Alottee or Tribe Name		
SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation		
1. Type of Well: OIL GAS WELL OTHER	8. Well Name and Number GETTY '24' FEDERAL		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	13		
3. Address and Telephone No. 15 SMITH ROAD, MIDLAND, TX 79705 915-687-7375	9. API Well No. 30-015-31301 10. Field and Pool, Exploaratory Area LIVINGSTON RIDGE DELAWARE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter O : 990 Feet From The SOUTH Line and 2310 Feet From The			
EAST Line Section 24 Township 22-S Range 31-E	11. County or Parish, State EDDY , NM		
12. Check Appropriate Box(s) To Indicate Nature of Notice, Re	eport, or Other Data		
TYPE OF SUBMISSION TY	PE OF ACTION		
✓ Notice of Intent Recompletion ✓ Notice of Intent Plugging Back Subsequent Report Casing Repair Final Abandonment Notice Atlering Casing ✓ OTHER: REQUEST EXTENSIC	Change of P'ans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection DN Dispose Water		
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)		

13. 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.)*.

TEXACO EXPLORATION AND PRODUCTION INC. IS REQUESTING AN EXTENSION ON THE SUBJECT WELL APPROVAL DATED 5-18-01.

DUE TO RIG SCHEDULING, THIS WELL CANNOT BE DRILLED BY THE EXPIRATION DATE.

A COPY OF THE ORIGINAL APPROVAL IS A TACHED FOR YOUR CONSIDERATION.

14. I hereby certify that the foregoing is true correct SIGNATURE	use reakeritle	Regulatory Specialist	DATE	1/31/02
TYPE OR PRINT NAME	J. Denise Leake			
(This space for Federal or State ORIG, SG APPROVED	D.) JOE G. LARA	San		
BUNDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	5/32/0	2
	for any person knowingly and willfully to mak	DATEDATE		