

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
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.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-033706-A
2. Name of Operator Texaco E&P Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730; Hobbs, New Mexico 88240	7. If Unit or CA, Agreement Designation Unit Letter D
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FNL 660 FWL Section 8 Town - 22S Range 37E Unit Letter D	8. Well Name and No. CP Falby "A" Federal #2
	9. API Well No. 30-025-10104
	10. Field and Pool, or Exploratory Area Eumont Yates 7-R-0 Penrose-Skelly-Grayburg
	11. County or Parish, State Lea, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.)*

2/6: Notify BLM
2/7: MI P/U P&A Equipment RU Pickup 2 7/8 WS Tag cmt 2500. Mix mud Circulate hole w/ mud POOH to 1465 Mix & pump
60 sx CL C cmt 1465-1140 POOH w/ 2 3/8 Tbg RU WL truck Perf 260' Circulate cut 9 5/8 Csg shut down
2/8: Mix & pump 100 sx CL C cmt from surface down 7" out 9 5/8 @ surface. RD well Plug out.
2/8: Cut off wellhead. Cap well. Install dry hole marker. Clean Location.

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

Signed *Ray J. Gower* Title P&A Supervisor Date 2/8/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions 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 representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side