

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

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	7. If Unit or CA, Agreement Designation
2. Name of Operator Texaco Exploration & Production Inc.	8. Well Name and No. C.P. Falby "A" Federal #2
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191	9. API Well No. 30-025-10104
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter <u>D</u> , 660' FNL & 660' FWL Sec. 8, T-22-S, R-37-E	10. Field and Pool, or Exploratory Area Eumont Yates 7-R-Q
	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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	<u>Extension of TA status</u> (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. requests an extension of one year of the Temporarily Adandonment Status of the referenced well. T.A. status was approved on 5-21-91 based upon the results of a casing integrity test conducted on 4-30-91.

(COPY OF TEST CHART ON BACK)

APPROVED FOR 12 MONTH PERIOD

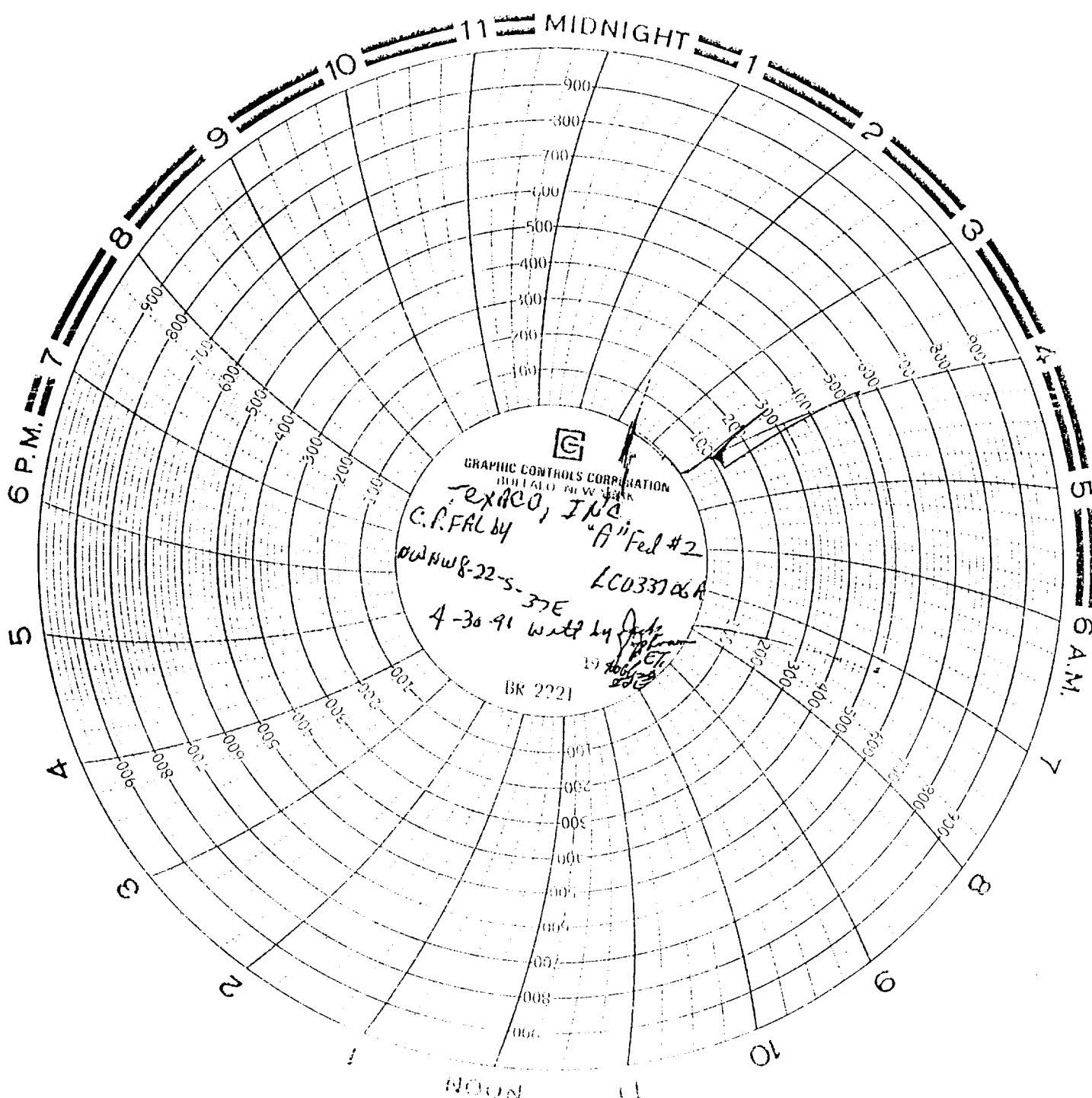
ENDING 5/1/93

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

Signed [Signature] Title Engr. Asst. Date 5-14-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date 5-24-92
Conditions of approval, if any: _____



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

TEXACO, INC.

C.R.FALBY

"A" Fed #2

OWNW8-22-S-37E

LC033706A

4-30-91

BR 2221

with by [signature]
19 [signature]