IV.IVI.U.O.D. OUTAL Form approved. Form 9-331 (May 1963) TED STATES LICATE. Budget Bureau No. 42-R1424. DEPARTMENT OF THE INTERIOR STEE BIDE Instruc on re 5. LEASE DENIGNATION AND BERIAL NO. GEOLOGICAL SURVEY NM 23003 G. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME OIL WELL XX OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR <u>LLano-McKay Federal</u> PETROLEUM DEVELOPMENT CORPORATION 9. WELL NO. 8. ADDRESS OF OPERATOR 9720 B Candelaria, NE, Albuquerque, NM 87112

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Undes Morrow 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 660' FNL & 660 FWL  $\odot$ Sec. 13, T19S, R31E, NMP 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. Eddy MIL 3540 GL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE (Other) CHANGE PLANS REPAIR WELL (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.) \* 1-11-80 - Verbal approval received Thursday, January 10, 1980 for P & A. Set cement plugs as follows: 1950-2050 with 90 sx. 790- 890 with 90 sx. 513-613 with 90 sx. 20 sx. to surface. RECEIVED MAY 1 9 1980 U.S. GEULUGICAL SURVEY ARTESIA, NEW MEXICO 18. I hereby certify that the foregoing is true and correct President TITLE . DATE SIGNED (This space for Federal or State office use) MAY . 1930 aut H. i dituriler.

DATE .

RECEIVED

Q 40 0.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: