

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

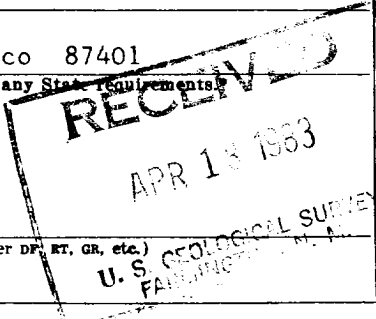
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Re-Entry		5. LEASE DESIGNATION AND SERIAL NO. NM-53365
2. NAME OF OPERATOR James L. Ludwick		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 70 Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330'FSL, 330'FWL		8. FARM OR LEASE NAME FEDERAL
14. PERMIT NO.		9. WELL NO. 4-8
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T19N, R5W
		12. COUNTY OR PARISH McKinley
		13. STATE New Mex.



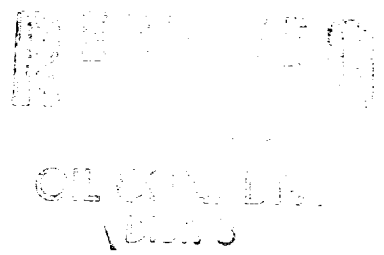
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <u>Surface Agreement</u>	<input checked="" type="checkbox"/>
(Other)		(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.) *

SURFACE AGREEMENT
as required by NTL-6.

Attached



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

SIGNED Handwritten Signature TITLE Agent DATE 4-14-1983

(This space for Federal or State use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OPERATOR

APR 21 1983

FARMINGTON DISTRICT

Handwritten initials

REHABILITATION PLAN

Lease No.: NM-53365; Well Name and No.: 4-8 FEDERAL;
Location: 330 FSL, 330 FWL, Sec. 8, T. 19 N., R. 5 W.

JAMES L. LUDWICK Oil Company intends to drill a well on surface owned by FRANK ETCITY. The lessee/operator agrees to complete the following rehabilitation work if the well is a producer:

- ☒ Yes ☐ No Maintain access road and provide adequate drainage to road.
☒ Yes ☐ No Reshape and reseed any area not needed for maintenance of the pump and support facilities.

Other requirements: _____

The following work will be completed when the well is abandoned:

- ☒ Yes ☐ No Pit will be fenced until dry, then filled to conform to surrounding topography.
☒ Yes ☐ No Water bars will be constructed as deemed necessary.
☐ Yes ☒ No Site will require reshaping to conform to surrounding topography.
☒ Yes ☐ No Entire disturbed area will be reseeded. If yes, the following seed mixture will be used:

☒ Yes ☐ No Access road will be closed, rehabilitated and reseeded using the same seed mixture as above.
☐ Yes ☒ No Access road will remain for surface owner's use.
☒ Yes ☐ No Water bars will be constructed on the access road as deemed necessary.

Other requirements: This agreement shall also include any future operation located on any portion of the SW $\frac{1}{4}$ SW $\frac{1}{4}$ of Sec. 8, being lease NM-53365.

Surface Owner:

Name: FRANK ETCITY
Address: General Delivery
City: Cuba, New Mexico
State: _____
Telephone: _____
Date: _____

Operator/Lessee

Name: JAMES L. LUDWICK
Address: P.O. Box 70
City: Farmington
State: New Mexico 87401
Telephone: (505) 325-1079
Date: April 7, 1983

I CERTIFY rehabilitation has been discussed with me, the surface owner:

Frank Etcitty
(Surface owner's signature)
FRANK ETCITY

This plan covers rehabilitation requirements only and does not affect any other agreements between the lessee/operator and surface owner.