

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Michael P. Grace</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1418, Carlsbad, New Mexico 88220</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1768' FWL; 1768' FSL; Sec. 26, T20 N., R. 4 W., N.M.P.M.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM 0510079</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Eagle Mesa</p> <p>9. WELL NO. Eagle Mesa No. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T20N, R4W</p> <p>12. COUNTY OR PARISH Sandoval</p> <p>13. STATE New Mexico</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6865' GR</p>

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Will plug and abandon this well as follows:

Clean out 8 5/8" casing to depth of 309'. Set bridge plug bottom of 8 5/8" casing
Will fill from 309' to surface with 110 sacks portland cement. Dry hole marker will be set.
Will fill pits on the west northwest side of well pad and reconstruct the filled pits to the natural contour. Will seed the well pad and right of way with seed mixture number 2.



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

SIGNED *Michael P. Grace* TITLE Agent DATE 12/12/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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110000

*See Instructions on Reverse Side

APPROVED

DATE **DEC 18 1980**
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR