18. I hereby carriery that the foregoing is true and correct 1. DATE ... Operator TITLE (This space for Federal or State office use) Ę A D CONDITIONS OF APPROVAL, IF ANY: EJL: TITLE distribution of the control of the c 91018 10 0 E 25 6 ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

N. M. O. C. C. COPY Carry WSF c DEPARTMENT OF THE INTERIOR verse side)

CEOLOGICAL TOTAL CONTROL OF THE INTERIOR verse side) 3 Sept. 4 (48) 5 7 Budget Sureau No. 42 R142 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM-0518247 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS M.118. (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 WELL _ å WELL OTHER 2. NAME OF OPERATOR APR 1 6 1974 8. FARM OR LEASE NAME Eagle Federal Robert N. Enfield todini ansi 3 ADDRESS OF OPERATOR a. c. c. P.O. Box 2431, Santa Fe, New Mexico 87501

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 Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1980 FNL & 660 FWL, T-25-S, R-28-E, Sec. 1 T-25-S, R-28-E, Sec. 12. county of parish 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Eddy -N.M2944 Gr 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF NOTICE OF INTENTION TO: 1.911 1.911 1.911 TEST WATER SHUT-OFF PULL OR ALTER CASING REPAIRING WELL WATER SHUT-OFF 116. 116. 116. FRACTURE TREAT MULTIPLE COMPLETE ALTERING CASING FRACTURE TREATMENT 5113 55 X SHOOT OR ACIDIZE ABANDON* ABANDONMENT* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Other)

Completion or Recompletion Report and Log Torm.)

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 sones pertinent to this work.)

Prep to set cement plugs

100 plug @ 2650-2550 blrode theregoberede to etroget insurpsedire bus lisw a cobar is cond ; unsurpoberede sid tol encend while bluode edinget bus encend which bluode edinget bus encend which is colored to encend which is colored to encend edinged to encend to be disconsideration of the colored colored colored colored colored to encended to encend edit of encended colored colo 10 100' plug @ 1865-1765 100' plug @ 260- 160 Set 20 sacks cement plug at surface Install regulation marker Clean location, when pits dry. As per verbal approval with Mr. James Knauf on 3-18-74 applicable Zerra n erife instructions. ner ed bo Carlera C Odina 18. I hereby certify that the foregoing is true and correct DATE 3-18-74 TITLE Operator SIGNED A DATE (This space for Federal or State office use) 13 T ::\Angell oss .Dilibo ::I u singlaop bioù ne : exall evods ne : exall evods APPROVED BY TITLE Footi and Tto at CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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