|   |   |                                  | TERIOR TEEN  |  | 5. LEASE DESIGNATION AND SERIAL NO.  |
|---|---|----------------------------------|--|--|--|
|   |   |                                  | MENTHOBBS, NE                                      |  | NM-0117529 IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| SUNDS<br>(Do not use this for                         | MARPLICATION FO   | AND REPORT OF THE PERMIT—" for   | TS ON WELL plug back to a differe such proposals.) | ont reservoir.   |  |
|   |   |                                  |  |  | 7. UNIT AGREEMENT NAME   |
| WELL Y WELL   | OTHER   |                                  |  |  | 8. FARM OR LEASE NAME  |
| NAME OF OPERATOR                                      |   |                                  |  |  | Federal #21  |
|   | Oil & Gas   | Co.                              |  | <del></del>  | S. WELL NO.  |
| ADDRESS OF OPERATOR                                   |   | ım 88125                         |  |  | # #/   |
| BOX 13, M   | ilnesand, N   | d in accordance.                 | th any State requirem                              | ents.4   | 10. FIELD AND POOL, OR WILDCAT   |
| See also space it below.                              | #17 660   | 1,214                            |  |  | Chaveroo San Andre   |
| 3-0-0   | <del>- π</del> 1. ψ /                                   | ~                                |  | in<br>-<br>- The state of the state o | 21-7-33<br>see #17   |
|   |   | TUATIONS (Show wh                | ether DF, RT, GR, etc.)                            |  | 12. COUNTY OR PARISE 13. STATE   |
| PERMIT NO.  | 16. 31  | Textions (On                     |  |  | Roosevelt NM   |
|   | Check Approprie   | ate Box To Indi                  | cate Nature of No                                  | tice, Report, o  | r Other Data   |
| You   | PICE OF INTENTION TO                                    |                                  |  | ROBA   | SEQUENT REPORT OF:   |
|   |   |                                  | WATER  | SHUT-OFF   | REPAIRING WELL   |
| TEST WATER SHUT-OFF                                   | 1   | ALTER CASING                     | -1 1   | RE TREATMENT   | ALTERING CASING  |
| FRACTURE TREAT  | <del></del>   | E COMPLETE                       | -1 4 6   | NG OR ACIDIZING  | ABANDON MENT*  |
| SHOOT OR ACIDIZA                                      | ABANDON   |                                  | -  | c Temp   | orary Abandon X  |
| REPAIR WELL   | CHANGE  | PLANS                            | _1   |  | ults of multiple completion on Well<br>empletion Report and Log form.)                           |
| (Other)   |   |                                  | - I details and                                    | give pertinent de  | ates, including estimated date of starting any<br>rtical depths for all markers and zones perti- |
|   | a notice o<br>B 21NESW T7                               | f tempora                        | ry abandonm  | \$. 'Y   |  |
|   |   | f tempora                        |  | \$. 'Y   |  |
|   | the foregoing is true  All  All  al or State office use | and correct  TIT  APPROVE        | LE Agrat  D FOR 2 MON                              | ent on: TH PERIOD  | DATE 4-7-90  PETER W. CRESTER  |
| 8. I hereby certify that signed (This space for Feder | the foregoing is true  All  All  al or State office use | and correct  TIT  APPROVE ENDING | LE Agrat  D FOR 2 MON                              | TH PERIOD  | DATE 4-7-90  |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department our agency, of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.