

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED MAY 21 1987 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. NM 23050	
2. NAME OF OPERATOR Mesa Operating Limited Partnership			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2009, Amarillo, Texas 79189			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 1740' FNL/330' FEL			8. FARM OR LEASE NAME South Blanco Federal 6	
14. PERMIT NO. -		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7008' GR		9. WELL NO. #3
				10. FIELD AND POOL, OR WILDCAT Lybrook Gallup Ext.
				11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 6-23N-7W
				12. COUNTY OR PARISH Rio Arriba
				13. STATE NM

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 checked="" 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) <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.)*

MI&RU Big A Well Service and repaired casing leak as follows: Located leak (4332'-4364') set packer @ 4086', pressured up on casing to 1000 psi, held OK. Left pressure on casing, RU Halliburton, establish injection rate; pumped 100 sx Class "B" cement w/2% CaCl & 110 of 1% Halad-9; pumped 20 bbls water @ 1½ BPM. WOC w/500 psig on tubing. WBIH and tagged cement @ 4238', drilled thru 156' cement. Pressured casing to 1000 psig, held 15 mins. OK. Displaced hole with 85 bbls 2% KCL wtr w/1 gal./1000 clay stabilizer & 1 gal./1000 surfactant. Made 18 swab runs and recovered 68 bbls 2% KCL wtr. TIH w/2 3/8" EUE 8rd J-55 tubing, set TAC @ 5332' w/11,000# tension, SN @ 5673'. Returned well to production @ 1900 hrs 5/12/87.

RECEIVED
MAY 26 1987
OIL & GAS DIV.
BLM

xc: BLM-Farmington (0+5), Prod. Rcds, Reg. Land, Expl., Drlg, Partners

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

SIGNED <u>Carey Cummings</u>	TITLE <u>Regulatory Analyst</u>	ACCEPTED FOR RECORD DATE <u>MAY 22 1987</u>
(This space for Federal or State office use)		

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		FARMINGTON RESOURCE AREA
		BY <u>SM</u>

*See Instructions on Reverse Side

NMOCC