UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM 18455 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.) 1. oil gas well XX other 2. NAME OF OPERATOR Mesa Grande Resources, Inc. 3. ADDRESS OF OPERATOR 1200 Philtower Bldg., Tulsa, Oklahoma 74103 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1653.23' FNL & 975.56' FWL AT TOP PROD. INTERVAL:	8. FARM OR LEASE NAME Federal 9. WELL NO. Atencio #1 10. FIELD OR WILDCAT NAME Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 32-T23N-R1W 12. COUNTY OR PARISH Sand Wal New Mexico
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	14. API NO. 15 ELEVATIONS (SHOW DF, KDB, AND WD)

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.)*

Subsequent to our report (Form 9-331, Sundry Notices and Reports on Wells) dated August 19, 1983 indicating a single zone completion in the Pictured Cliffs formation, it appears that after venting and working with the Mesa Verde formation that it is now sufficiently water-free to permit normal multipoint volumetric testing. Therefore, this report is intended as a request for permission for the multiple completion of the Pictured Cliff and Mesa Verde sandstone formations.

Subsurface Safety Valve: Manu. and Type \ DIST. S 18. I hereby certify that the foregoing is true and correct DATE _ TITLE Geologist (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: *See Instructions on Reverse Side FARMINGTON RESOURCE AREA NMOCC