

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-04083	
2. NAME OF OPERATOR MESA GRANDE RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1200 Philtower Building, Tulsa, Oklahoma 74103		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 1700' FNL & 1850' FWL Sec. 22, T25N-R2W		8. FARM OR LEASE NAME FEDERAL HELLCAT #1	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7215' GR		10. FIELD AND POOL, OR WILDCAT Gavilan Mancos; Gavilan Greenhorn-Graneros-Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T25N-R2W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Converted to Dual Production</u> <input checked="" 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.) *

6/22/87 Stripped out of hole with stuck pump.
6/27/87 Drilled out cement & CIBP - chased to 7,881.88'.
7/01/87 Installed Arrow 7" (SL shear) packer @ 7,459' w/10,000# tension & parallel string anchor @ 6,897 to put Dakota on production - 2 3/8 tbg.
7/10/87 Ran 2 3/8" short string for Gallup.
8/31/87 Ran rods & 1 1/4" BHP in Dakota w/2 3/8 pump anchor to 6,875'.
9/21/87 Still WO EPNG to turn well on. SI due to pipeline takes.
Will file test data immediately after test.

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

SIGNED

Christopher L. Phillips

TITLE Field Manager

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DATE 9/24/87

*See Instructions on Reverse Side