

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"/>		2. NAME OF OPERATOR MESA GRANDE RESOURCES, INC.		3. ADDRESS OF OPERATOR 1200 Phil Tower Bldg. Tulsa OK 74103		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 910' FNL & 1705' FEL Section 5 - T25N - R2W		5. LEASE DESIGNATION AND SERIAL NO. NM-01806		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME FEDERAL PROWLER		9. WELL NO. #2		10. FIELD AND POOL, OR WILDCAT GAULAN MANCOS		11. SEC., T., R., M., OR BLK. AND SURVEY OR ALMA (B) Sec 5 - T25N - R2W NMA		12. COUNTY OR PARISH Rio Arriba		13. STATE NM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7,394 GR.		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) RU & Spud Surfaces	<input type="checkbox"/>		<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 matters and zones pertinent to this work.)*							

8/19/82 MIRU Four Corners Rig #14
" 10:00 hrs Spud 12 1/4" Surface Hole - Dild to 535'
" RU & RTH w/ 507.1' 9 5/8 36# K-55 Casing
Set @ 503.95' w/ 265 sx Class B 29% SI
& 1/4 # D-29 per Sx.
8/19/87 PID @ 21:15 hrs to 440#
8/20/87 02:00 hours test BOP to 1,000# for 1/4
how - OK. Began Srig

18. I hereby certify that the foregoing is true and correct		TITLE Manager of Field Operations	
SIGNED <i>Charles H. Phillips</i>	ACCEPTED FOR RECORD		
(This space for Federal or State office use)		AUG 24 1987	
APPROVED BY	TITLE		
CONDITIONS OF APPROVAL, IF ANY:		FARMINGTON RESOURCE AREA	

*See Instructions on Reverse Side