

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.)

RECEIVED  
MAIL ROOM  
67 JUL -2 AM 9:23  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 046563
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 Unit E, 1530' FNL/930 FWL		8. FARM OR LEASE NAME MC LEOD
14. PERMIT NO.		9. WELL NO. #2E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-28N-10W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)\*

RU Big A Well Service on 6/23/87 to repair casing leak and install packer as follows:  
Found casing leak between 3878' - 3904'; POH to 3690' and set Baker Model "C" full bore packer to squeeze. Pressured annulus to 1000 psig, packer OK; Halliburton pumped 100 sx Class "B" cement w/2% CaCl + 0.3% Halad-9; 19 barrels total displacement, squeeze pressure 1500 psig. TOC @ 3928'; pressured casing to 1000 psig, pumped 1/4 BW via tubing to 1650 psig, held 10 min.-OK. SI and left pressure on tubing & casing. 6/24/87 SITP 380/SICP 900; released packer, POH w/packer, drilled 80' cement, bottom of cement @ 3913', circ hole clean; pressured up on casing to 1000 psig, lost 300 psig in 12 mins.; pressured up to 2000 psig w/approx 1/2 BW, pressure dropped 500 psig in 7 mins. POH w/tbg, casing scraper and DC's. PU retrieving tool to retrieve BP @ 6285', reversed 49' of fill off RBP and displaced hole w/160 bbls 2% KCL wtr, cleaned out hole to cement retainer set @ 6550'. POH w/RBP. Set Baker Model R-3 double grip retrievable packer @ 6296' w/12,000# slack off at surface. Loaded annulus w/10 bbls 2% KCL wtr, pressured up on annulus to 1000 psig. SION. SITP 0/SICP 250 psig. Made 33 swab runs, rec'd 31 BLW and 100 BNW. Well put back on sales line 6/27/87, 1110 hours, TP 150 psig. Will produce well up tubing and monitor annulus pressure.

You are required to make another attempt at squeezing the leak.  
In the future, you are required to submit a notice of intent prior to doing remedial casing work.

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

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

SIGNED

*Calvin Cummings*

TITLE

Regulatory Analyst

DATE

6/30/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA