

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 020504
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 1520 FNL & 1850 FEL	8. FARM OR LEASE NAME Federal
14. PERMIT NO.	9. WELL NO. 18
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5819' GR	10. FIELD AND POOL, OR WILDCAT Fulcher Kutz PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T29N, R11W
	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) Long-Term Shut-In <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

Approval is hereby requested for long-term shut-in of subject well due to the well's inability to produce in paying quantities under existing market conditions. All valves are closed and sealed. The location has been cleared of all trash and junk. The well will be tested annually as per BLM instructions and shown as shut-in on monthly report of operations.

This Approval is Temporary
Agreement Expires

5-14-87

xc: BLM (0+2), Prod., Prod. Rcds., Acctg., Land, Central Rcds., Expl., Partners

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

SIGNED R. E. Mathis
R. E. Mathis
(This space for Federal or State office use)

TITLE Safety & Regulatory Agent

DATE 4-24-86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED
AS AMENDED

MAY 14 1986

*See Instructions on Reverse Side