

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 021119	
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 790' FSL & 790' FEL		8. FARM OR LEASE NAME FEDERAL	
14. PERMIT NO.		9. WELL NO. # 9E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5655' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-29N-12W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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)	<input type="checkbox"/>		<input type="checkbox"/>

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)	<input type="checkbox"/>	Casing Leak	<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.)\*

MI & RU Big "A" Well Service on 5/8/88. Isolated casing leak from 3601'-3648'. Set packer @ 3400', pressure casing to 1000 psig, held OK. Squeezed casing leak with 100 sx "H" cement with 2% CaCl & .6% Halad 9. Released packer and reversed out cement with 15 BW. WOC 12 hrs. Tagged TOC @ 3479'; drilled 141' cement. Pressure tested casing to 1060 psig, held 10 mins. OK. Displaced hole with 98 bbls 2% KCL water. TOH w/ RBP @ 6141'. RBIH w/198 jts 2 3/8" J-55 tubing, SN @ 6141'. Swabbed and flow tested. Returned to production 5/18/88.

RECEIVED  
JUN 17 1988  
OIL CON. DIV.  
DIST. 3

xc: BLM-Farmington (0+5), Prod Rclds, Reg, Land, Exploration

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

SIGNED Carolyn Cummings TITLE Regulatory Analyst DATE 6/7/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

NMOCC

\*See Instructions on Reverse Side

JUN 15 1988

FARMINGTON RESOURCE AREA