

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

5. LEASE DESIGNATION AND SERIAL NO.
SF 076554

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HAMILTON

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Undesignated Cedar Hill-
Fruitland Basal Coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 30-32N-10W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
MESA OPERATING LIMITED PARTNERSHIP

3. ADDRESS OF OPERATOR
P.O. Box 2009, AMARILLO, TEXAS 79189

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1184' FSL/1112' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
6099' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

First Sale

(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.)*

The above referenced well was turned on to El Paso Natural Gas Co. at
1030 hrs on 8-1-88 at the rate of 466 MCFPD.

RECEIVED
AUG 1 0 1988

OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

AUG 8 1988

FARMING RESOURCE AREA

BY

xg: BLM-F (045), WF, Reg, Land, Expl.

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

SIGNED

TITLE Regulatory Analyst

DATE 8/2/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side