

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. SE 076554	
2. NAME OF OPERATOR MESA OPERATING LTD 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 1184' FSL/1112' FWL		8. FARM OR LEASE NAME HAMILTON	
14. PERMIT NO.		9. WELL NO. # 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6099' GR		10. FIELD AND POOL, OR WILDCAT 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	

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) Returned well to production <input checked="" type="checkbox"/>	
(Other) Return well to production <input checked="" 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.)*

MESA OPERATING LTD PARTNERSHIP was notified by El Paso Natural Gas Co. that they are receiving gas production as of 6/23/89 at the Blanco Plant again. Mesa is no longer venting. Packer was removed from well on 6/22/89 and began producing up the casing on 6/23/89.

RECEIVED
JUL 23 1990
OIL CON. DIV.
DIST. 3

xc: BLM-Farmington (0+5), Prod, Prod Acctg, Reg, Well File

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

SIGNED Mark E. Foreman TITLE Regulatory Agent DATE 6/27/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JUL 16 1990

*See Instructions on Reverse Side