

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 23050	
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 1740' FNL/330' FEL		8. FARM OR LEASE NAME South Blanco Federal 6	
14. PERMIT NO. -		9. WELL NO. # 3	
15. ELEVATIONS (Show whether DF, or FARMINGTON RESOURCE AREA) 7008' GR		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup Ext.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-23N-7W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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)			

(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 pulling unit to repair suspected casing leak. POH w/175 jts 2 3/8" 4.7# J-55 tubing. Isolate casing leak within 1 jt of tubing. Set squeeze packer 300' above casing leak and establish injection rate. Squeeze w/100 sx Class "B" cement + 2% CaCl; tail-in with 100 sx Class "B" cement + 2% CaCl. Drill out cement and test casing to 1000 psig. Displace hole with 2% KCL and 1 GPT NE Surfactant. Swab 40-50 bbls fluid out of wellbore. RBIH w/2 3/8" 4.7# J-55 tubing. Return well to production.

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OIL CON. DIV.
DIST. 3

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

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

SIGNED

TITLE

Regulatory Analyst

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 5/8/87

MAY 14 1987

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side