

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 2270' FNL/1390' FEL, Sec. 9, T20N, R2W		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 6845' GR		6. LEASE DESIGNATION AND SERIAL NO. NM 25600		7. IF INDIAN, ALLOTTEE OR TRIBE NAME		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME Cuba Federal		10. WELL NO. 9 # 1		11. FIELD AND POOL, OR WILDCAT Puerco-Mancos		12. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-20N-2W		13. COUNTY OR PARISH Sandoval		14. 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"/>	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) <u>Reseeding</u>	<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.)*

The above referenced location was reseeded on July 29, 1986 with the prescribed seed mix.

RECEIVED
AUG 21 1986
OIL CON. DIV.
DIST. 3

xc: BLM Farmington (Q+5), Prod. Rclds, CR, Reg, Expl.

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

SIGNED Cathy Cummings TITLE Regulatory Clerk DATE 8/14/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCG