

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 **RECEIVED**

(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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		DEC 12 1986		5. LEASE DESIGNATION AND SERIAL NO. SF 081296	
2. NAME OF OPERATOR Mesa Grande Resources, Inc.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1200 Philtower Building Tulsa, OK 74103				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 1846' FEL and 1827' FSL				8. FARM OR LEASE NAME Federal	
				9. WELL NO. Gavilan #2	
				10. FIELD AND POOL, OR WILDCAT Gavilan Mancos	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA J, 26-25N-2W, N.M.P.M.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7404' GR		12. COUNTY OR PARISH Rio Arriba	
				13. STATE NM	

16. 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) Change of Operator <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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) <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.)*

The Gavilan #2 was permitted and approved for E. Alex Phillips as Operator. By this notice E. Alex Phillips requests that the operator of the Gavilan #2 be changed to Mesa Grande Resources, Inc. The Communitization Agreement was filed designating Mesa Grande as the operator and a compulsory pooling case heard by the NMOCD (Case No. 8965 and Order No. R-8289) designated Mesa Grande as operator.

RECEIVED
FEB 03 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Gregory R. Phillips
Gregory R. Phillips

TITLE Vice President

ACCEPTED DATE 12/8/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

BY _____