

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. NM - 43749	
2. NAME OF OPERATOR MESA GRANDE RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1200 Philtwoer 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 790' FEL and 790' FSL, 5-25N-2W, N.M.P.M.		8. FARM OR LEASE NAME Federal	
14. PERMIT NO.		9. WELL NO. Guardian #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7370' GR		10. FIELD AND POOL, OR WILDCAT Gavilan P.C. Extension	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA P, 5-25N-2W, N.M.P.M.	
		12. COUNTY OR PARISH Rio Arriba	13. STATE N.M.

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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) <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) Cementing and Production Cas. <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.)

Spudded the GUARDIAN #1 3/28/86. Drilled 7 7/8" hole below surface to 3953'. Reached T.D. 3/31/86. Logged and cemented production string 4/1/86.

Ran 106 jts. 4 1/2" 10.5# J-55 casing. Set @ 3950'; Float Collar @ 3907'. Cemented w/ 160 sx (302.4 ft³) LW-3, 65/35 Class H Poz w/ 10% salt and 1/2# cello flake per sx. Tailed in w/ 50 sx. (80.0 ft³) Class H 10-0 RFC w/ 1/2# cello flake per sx. Good returns through out job. Bumped plug w/ 1250 psi. Held OK. Plug down @ 21:15. RD Dowell. Released rig @ 24:00.

Top of Cement >
File temp. surv. of cmt. and log
by 5/1/86.

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OIL CON. DIV.
DIST. 3

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

SIGNED Gregory R. Phillips TITLE Vice President
(This space for Federal or State office use)

DATE April 4, 1986

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE APR 10 1986

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC