

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-01806
2. NAME OF OPERATOR MESA GRANDE RESOURCES, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1200 Phil Tower Bldg., Tulsa, OKA. 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 910' FNL & 1705' FEL SEC. 5, T25N-R2W, NMPH.	8. FARM OR LEASE NAME FEDERAL PROWLER #2
14. PERMIT NO.	9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7394' GR	10. FIELD AND POOL, OR WILDCAT GAULAN MANCOS
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ALMA Sec. 5, T25N-R2W, NMPH.
	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:		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) Cement tops.	
(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.)*

Follow up to our Sundry Notice dated 9/10/87 & BLM Letter Dated 9/18/87.

Cement top on Stages:

1 st Stage (Est.)	Top of Cement . . .	5,900'
2 nd Stage (Est.)	Top of Cement . . .	3,900'
3 rd Stage (Est.)	Top of Cement . . .	2,000'

RECEIVED
SEP 23 1987
WILSON, DIV.
DIST. 3

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

SIGNED Christopher Phillips TITLE Manager of Field Operations DATE 9/21/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC