

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

91 JAN 14 PM 3:25

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

SF 078039

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SUTER COM # 5

9. API Well No.

10. Field and Pool, or Exploratory Area

Blanco Pictured Cliffs

11. County or Parish, State

San Juan Co., NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

MESA OPERATING LIMITED PARTNERSHIP

3. Address and Telephone No.

P.O. BOX 2009, AMARILLO, TEXAS 79189

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1190' FSL & 790' FWL Sec. 15-32N-11W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Request to Flare
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Mesa Operating Limited Partnership requests permission to flare to evaluate well for installation of compression for a period of not more than 3 days at a maximum rate of 500 MCFPD. Verbal permission obtained from Duane Spencer of the Farmington Bureau of Land Management office on 1/10/91.

RECEIVED

FEB 04 1991

OR CON. DIV.
OFF. 3

APPROVED

JAN 29 1991

[Signature]
AREA MANAGER

cc: BLM-F (0+5), WF, Reg, Land, Expl., Prod., Prod Acctg

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

Signed

[Signature]

Title Sr. Regulatory Analyst

Date 1/11/91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: