

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
Lower DD
SUBMIT IN TRIPlicate (Other Instructions)
88219

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

9/5F

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	RECEIVED BY AUG -6 1986 O. C. D. ROSWELL AREA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-22615
2. NAME OF OPERATOR Mesa Petroleum Co. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2C09, Amarillo, Texas 79185		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State Agency Office See also space 17 below.) At surface 1980' FSL/1980' FEL		8. FARM OR LEASE NAME Camack Federal
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, 5S, 24E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4015' GR	12. COUNTY OR PARISH Chaves
		13. STATE NM

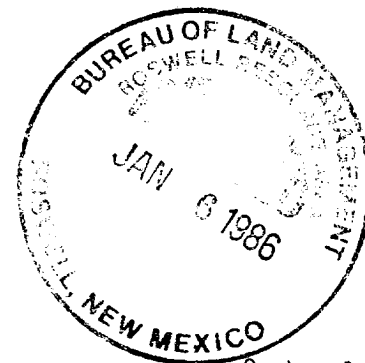
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

RU pulling unit @ 0830 hours 12-21-85 to P&A well as follows: bled well down, killed well with fresh water. Set CIBP @ 3499', displaced hole with 9 ppg mud; spotted 10 sx Class "H" cement plug from 3499-3399'; spotted 10 sx Class "H" cement plug from 1693-1593'; spotted 10 sx Class "H" cement plug from 851-751'; spotted 10 sx Class "H" from 100'-surface. TIH w/1" tubing in 4 1/2 x 8 5/8" annulus to 104'; spotted 20 sx Class "H" from 104'-surface; installed dry hole marker, well P&A 12-21-85.



Post ID-2
1-18-86
P&A

XC: BLM-R (0+2), NMOC-A, WF, CR, Reg., Acctg, Land, Expl, Partners

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

SIGNED [Signature] TITLE Regulatory Clerk DATE 1-2-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

APPROVED
PETER W. CHESTER

AUG 5 1986

*See Instructions on Reverse Side

