

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructio  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-14987

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Garcia 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. 11, T8S, R24E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Mesa Petroleum Co. ✓

3. ADDRESS OF OPERATOR

P.O. Box 2009, Amarillo, Texas 79189

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface

1980' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3585' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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.) \*

Propose to ) & A well as follows:

Set CIBP @ 3475' (Abo perfs 3404-3414') plus 35' cement  
Set 100' plug (8 5/8" csg set @ 1820') from 1870'-1770'  
Set 100' plug (13 3/8" csg set @ 560') from 610'-510'  
Set 50' plug to surface  
Install dry hole marker

RECEIVED BY

DEC -3 1985

O. C. D.

ARTESIA, OFFICE

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

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

SIGNED

*R. P. Markis*

TITLE Regulatory Agent

DATE 12-3-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side