

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions
verse side)

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A	5. LEASE DESIGNATION AND SERIAL NO. NM-14987
2. NAME OF OPERATOR Mesa Operating Limited Partnership	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2009, Amarillo, Texas 79189	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 1980' FSL & 660' FEL	8. FARM OR LEASE NAME GARCIA FEDERAL
14. PERMIT NO.	9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3585.3' GR	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-8S-24E
	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:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

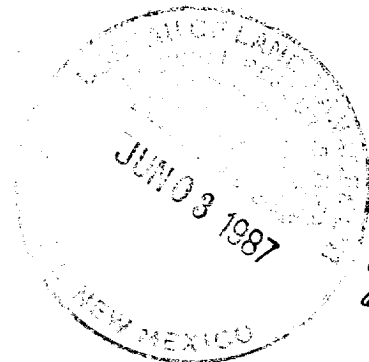
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.) *

MI & RU completion unit to on 5/29/87 and P&A'd well as follows:

Set CIBP @ 3360'; displaced hole w/50 bbls 10# brine, spot 35' sx Class "C" cement on top of CIBP; Set 15 sx Class "C" cement plug from 1170'-1870' (8 5/8" casing shoe); set 15 sx Class "C" cement plug from 510'-610' (13 3/8" casing shoe); set 10' sx Class "C" cement plug from surface to 50'. Cut off wellhead. Installed dry hole marker; cleaned location. Well P&A 5/30/87. Reseeding and road reclamation will be done per BLM specifications.



Post FD-2
6-12-87
P&A

xc: BLM-Roswell (0+5), NMOCD-Artesia, Prod. Recds, Regulatory, Land, Expl, Acctg, Partne

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

SIGNED

Carolyn Cummings

TITLE

Regulatory Analyst

DATE

6/1/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore.

Liability under bond is retained until surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JUN 11 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA