

UNIT. STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission

Drawer DD
SUBMIT IN TRIPLIC
(Other instructions on
reverse side) 88210

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

45F

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		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mesa Operating Limited Partnership		8. FARM OR LEASE NAME ALKALI FED COM	
3. ADDRESS OF OPERATOR P.O. Box 2009, Amarillo, Texas 79189		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1650' FWL		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T5S, R25E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3772.4 GR		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

RECEIVED BY
JUL -7 1986
O.C.B.
ARTESIA, OFFICE

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Long Term Shut-In <input checked="" 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.)*

Subject well was approved for P&A in December, 1985. Mesa requests that P&A approval be rescinded and that the subject well be placed in a long term SI status pending change in market and/or field conditions.



XC: BLM-R (0+2), CR, Acctg, Prod Rcds, Expl, Reg., Partners

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

SIGNED <u>R. F. Martin</u>	TITLE <u>Safety & Regulatory Agent</u>	DATE <u>5/19/86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

