

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-28299	
2. NAME OF OPERATOR Mesa Petroleum Co.		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' FNL & 660' FEL		8. FARM OR LEASE NAME Trout Fed Com	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3781' GR		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T6S, R24E	
		12. COUNTY OR PARISH Chaves	
		18. 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"/>	

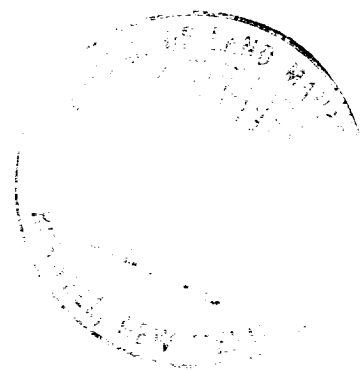
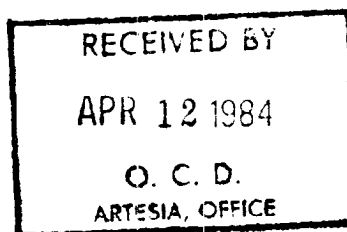
SUBSEQUENT REPORT OF:

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 type="checkbox"/>
(Other) <u>Spud</u>	<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.)

Spudded well with 14 3/4" hole on 3-29-84. Drilled to 965' and ran 24 jts 10 3/4", 40.5#, J-55, ST&C casing set at 925'. Cemented with 550 sx "C" + 10% gypseal + 4% CaCl and tailed in with 200 sx "C" + 2% CaCl. PD at 1300 3-31-84. Circulated to surface. Tested BOPs and casing to 1000 psi for 30 min -- OK. Reduced hole to 7 7/8" and drilled a head on 4-1-84. WOC total of 18 hours.



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

SIGNED R. E. Mathis TITLE Regulatory Coordinator DATE 4-2-84

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE DATE
CONDITIONS OF APPROVAL ENTERED FOR RECORD

XC: BLM-R(0+6), CAP RCDS, 1984G, WELL FILE, MIDLAND, ROSWELL, PARTNERS

*See Instructions on Reverse Side