

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MESA OPERATING LIMITED PARTNERSHIP	8. FARM OR LEASE NAME SINK FEDERAL
3. ADDRESS OF OPERATOR P.O. BOX 2009, AMARILLO, TEXAS 79189	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 2302' FWL	10. FIELD AND POOL, OR WILDCAT Wildcat Strawn
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3497.7' GR
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-16S-27E	12. COUNTY OR PARISH Eddy
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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	FIRST SALES <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 produced to sales starting at 0745 on 8/20/88 at a rate of 25 MCF/D (est.). Well is SI due to high line pressure. Will attempt intermittent production to clean well and recover load water.

This confirms verbal notification given on 8/22/88 to Shannon Shaw/BLM-Carlsbad at 1415 hrs.

xc: BLM-0(0+5), NM000-A (1), Prod Rcds, Reg, Land, Expl., Res, N. Butcher(D&M), J. Harlan

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

SIGNED Carol A. Cummings TITLE Regulatory Analyst DATE 8/23/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

AUG 31 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO