

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY SEP - 8 1986 ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. 29389(A)
2. NAME OF OPERATOR Mesa Operating Limited Partnership		6. MINER, ALLOTTEE OR TRIBE NAME LC
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 SESE, SENE, NESE & NENE of Sec. 9 660 FSL & 660 FEL		8. FARM OR LEASE NAME Edwards-Federal
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Shugart Yates
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, 18S, 31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, OR, etc.)	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 PLANE <input type="checkbox"/>	(Other) <u>Change of ownership</u>	<input checked="" type="checkbox"/>
(Other) <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.)*

Please be advised that the subject listed properties formerly owned and operated by Pioneer Production Corp. are now owned and operated by Mesa Operating Limited Partnership effective July 1, 1986. Formal written notice has been given to the State Director by letter dated 7/29/86 and by lease assignments effective 6/30/86.

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

SIGNED R. E. Machis TITLE Safety & Regulatory Agent DATE 7/30/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE SEP 04 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO