

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
Drawer 58210
SUBMIT IN TRIPL
(Other instructions
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029389(A)	
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 -660' FSL/660' FEL 970/2 1/2 0/E		8. FARM OR LEASE NAME Edwards Federal	
14. PERMIT NO. -		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, ST, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Shugart Yates	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 9-18S-31E	
		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"/>	(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.)*

The above well is completed as a 3900' pumping oil well. Due to the uneconomic production of 0.8 BOPD and 21 BWPD, this well has been shut in effective 10/31/86. We are hereby requesting long term shut-in for the above referenced well due to the uneconomic conditions due to market demand.

APPROVED 11/12/86
ENDING 11/19/87



xc: BLM-Carlsbad (0+3), Prod Rcds, Reg, Production, Reservoir, Acctg, Land, Expl

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

SIGNED Cheryl Cummings TITLE Regulatory Clerk DATE 11/17/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-20-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side