

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

CSF

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-029389A
2. NAME OF OPERATOR Kaiser Francis Oil Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P.O. Box 21468, Tulsa, Oklahoma 74121-1468	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 NE SE (1650' FSL & 990' FEL of Sec. 9	8. FARM OR LEASE NAME Edwards-Federal
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT Shugart Yates-SR-0
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 9-18S-31E
14. PERMIT NO. ---	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3110' GR 3412	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"/>	FULL 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"/>	Change of Ownership <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 property formerly owned and operated by Mesa Operating Limited Partnership has been sold and is now operated by Kaiser Francis Oil Co., effective April 1, 1987. Change of Operator forms are being filed simultaneously with the State of New Mexico.



ACKNOWLEDGED BY:

Mesa Operating Limited Partnership

BY: Cathy Cummings  
Regulatory Analyst

Date: 4/9/87

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

SIGNED C. J. Falkenberg TITLE Production Admin. DATE 4/24/87

(This space for Federal or State office use)  
Orig. Sgd. Linda S. C. Bunsell

APPROVED BY Acting Area Manager TITLE \_\_\_\_\_ DATE 5-7-87  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side